Guidelines for Implementing the Statutes and Regulations Governing

THE LIMITED EXAMINATION AND APPOINTMENT PROGRAM

Prepared by the

State Personnel Board Office of Civil Rights

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SECTION 1

INTRODUCTION

1.1 BACKGROUND

LEAP is an alternative selection program for persons with disabilities. The State Personnel Board (Board) established the program on January 1, 1989 pursuant to *Government Code, Section 19240* et seq. It is designed to minimize the adverse impact of the traditional selection process by providing an alternate means of assessing the qualifications and skills of job applicants with disabilities. LEAP facilitates the recruitment of applicants with disabilities to provide departments with qualified referrals for selected job classifications.

1.2 WHY DEPARTMENTS SHOULD USE LEAP

LEAP is an effective equal employment opportunity tool to facilitate the hiring of persons with disabilities. State departments are encouraged to use LEAP referral lists as a resource of qualified candidates with disabilities. It has proved effective in assisting departments in meeting their employment goals for persons with disabilities.

1.3 LEAP ELIGIBILITY

In order to participate in LEAP, a person must meet the definition of an "Individual with a Disability", as defined by the Fair Employment and Housing Act (Government Code Section 12926) and be certified eligible for the program by a California Department of Rehabilitation counselor. The certification process involves contacting the nearest California Department of Rehabilitation district office to make an appointment to become LEAP certified. They must provide the counselor with documented verification of their disability, e.g., medical records. The counselor will evaluate the information and decide whether the person meets LEAP eligibility requirements. If the person is judged to meet the requirements, the counselor will issue a LEAP Certification form. The LEAP Certification form will indicate the person's disability (by number code) and be signed by both the counselor and the person seeking to participate in LEAP (see Appendix B for sample LEAP Certification form). A copy of the LEAP Certification form must be submitted to the State Personnel Board's Examination Unit. Once the individual is eligible, the next step is to file an application to participate in a LEAP examination. A copy of the LEAP Certification form must also be submitted with the standard State application form when filing for a LEAP examination. If a copy isn't attached, the application will be returned to the applicant. The individual should always keep his or her original LEAP Certification form and make copies to attach to each application submitted for a LEAP exam. (Note: Since LEAP is an open examination, current State employees may also participate in LEAP if they meet the eligibility criteria.)

1.4 LEAP EXAMINATION PROCESS

The LEAP examination process is a two-part process consisting of a (1) competitive examination to determine readiness for appointment, and (2) an on-the-job performance examination. The competitive examination, known as the Readiness Evaluation, provides a basic screening for an applicant's education, experience and personal qualifications to determine whether or not he or she is ready to be placed in a work setting. The job performance examination, known as the Job Examination Period, is designed to evaluate the candidate's knowledge, skills, and abilities to perform the essential functions of the job. It substitutes for the written test in the traditional examination process. A flow chart and a brief description of the LEAP selection process has been developed for use by department representatives. These may be helpful for explaining the process to other staff, responding to questions, and making oral presentations. (See Appendix A)

In order to conduct the Job Examination Period, the Board established the special class, "LEAP Candidate (Identified Class)". The "Identified Class" is the parallel regular civil service class. A candidate who has been successful in the competitive portion of the examination must be appointed to this one class (regardless of the identified parallel class) in order to complete the Job Examination Period. Upon successful completion of the Job Examination Period, a candidate is considered to have passed the LEAP examination and may be appointed to the identified parallel class.

Authority: CCR Sections 547.52, 547.53 and 547.54

1.5 APPROVAL TO USE THE LEAP SELECTION PROCESS

Use of the LEAP selection process for a class is subject to approval by the Board's Executive Officer. Departments may request the use of the LEAP selection process for any entry-level job classification that is not already approved for LEAP. Requests must be in writing and provide appropriate justification. If the classification is a department specific class, there must be a willingness to conduct LEAP examinations for the class. Such requests should be sent to the Statewide LEAP Coordinator, at the Board. A list of classes currently approved for LEAP is in Appendix C.

Approval of requests to use LEAP for a particular class will be based on the following considerations:

- 1. The class must be an entry-level classification in a class series for which open or open/non-promotional examinations are held; and
- 2. There must be a reasonable number of anticipated annual vacancies for the class within the department or various departments; and
- 3. The class series has an underrepresentation of employees with disabilities in fulltime positions (below 16.6% California labor force representation). Where a class series is used by more than one department, statewide composition data will be used to

determine underrepresentation. If a class series is used only by one department, departmental composition data will be used.

Authority: Government Code Sections 19240 and 19241

1.6 DEPARTMENTAL LEAP COORDINATORS

LEAP is coordinated by the Statewide LEAP Coordinator located in the Office of Civil Rights, of the Merit Employment and Technical Resources Division (METRD), at the Board. The Board recommends that departments identify a departmental LEAP Coordinator who will be responsible for the coordination of LEAP within the department. LEAP Coordinators usually are staff in the personnel office or in the civil rights/equal employment opportunity office of a department. The following is a list of general recommended responsibilities of a Departmental LEAP Coordinator:

- 1. Acts as a central contact within a department for information about LEAP and the hiring process.
- 2. Monitors LEAP appointments within a department to ensure that the process is working effectively.
- 3. Coordinates the processing of LEAP documentation to the Board.
- 4. Assists departmental managers and supervisors with LEAP problems.
- 5. Acts as the department's liaison with the Board regarding LEAP.
- 6. Serves as a resource to LEAP candidates and appointees.

SECTION 2

GUIDELINES FOR USING A LEAP REFERRAL LIST

2.1 LEAP REFERRAL LISTS

A LEAP Referral List contains names of qualified persons with disabilities who meet the minimum requirements for the job classification, and have been certified eligible for LEAP by the Department of Rehabilitation, and have demonstrated the potential to perform the duties of the classification in a competitive examination to determine readiness for appointment.

The names of individuals who successfully complete the Readiness Evaluation are merged onto a LEAP Referral List for the appropriate job classification. Candidates have eligibility for appointment from a LEAP Referral List for 24 months. Candidates will not be notified when their eligibility expires. **Individuals may be scheduled for a Readiness Evaluation for each class only once during any 18-month period.**

LEAP lists are **not** employment lists. They are referral lists from which a department may select a candidate to make a temporary appointment (TAU) to the "LEAP Candidate (Identified Class)" in order for the candidate to complete the second part of the LEAP examination process, the "on-the-job" performance examination. (Please note: The TAU appointment refers to the Personnel Action Request (PAR) documentation.)

LEAP Referral Lists contain all information necessary for departments to contact qualified individuals when filling vacancies in a particular job classification. Lists are statewide and include all names, addresses, phone numbers, ranks, location preference codes, and tenure or time-base preference codes. Departments may order an official certified list of names by specific location or on a statewide basis.

Authority: Government Code Sections 18901 (a), 19242.2 and CCR Section 547.53 (b)

2.2 RULE OF THE LIST

Departments may use LEAP Referral Lists to fill vacancies and are allowed to contact qualified individuals by "Rule of the List". "Rule of the List" permits any candidate to be appointed from a LEAP Referral List in order to make a good job-person match. "Rule of the List" also gives LEAP candidates the opportunity to contact departments in order to promote an interest in their qualifications as prospective employees. Rankings are included on LEAP Referral Lists in order to provide departments with information on the relative qualifications of candidates.

Authority: Government Code Section 19242.2

2.3 HOW TO ORDER AND CLEAR LEAP REFERRAL LISTS

PLEASE NOTE: A new feature has been added for departments ordering regular certification lists from the STATE PERSONNEL BOARD'S (BOARD) On-Line Certification System. When there is a parallel LEAP referral list available, it will automatically be generated along with the regular certification list. The system is programmed to order the LEAP referral list for limited term (LT) tenure appointments.

LEAP referral lists are maintained on the Board's On-Line Certification System. Departments may order certification lists for LEAP through the On-Line Certification System or by contacting staff in the Board's Certification Unit. LEAP lists may be cleared by using the normal List Clearance Codes listed on the reverse of the STD. 664, Certification of Eligibles (On-Line departments, see the "On-Line Certification Manual"). However, the "hire" should be cleared ONLY when the position is allocated as "permanent". DO NOT clear the hire if the position is LT and there is no opportunity to gain permanent status. This is necessary to allow the "hire" to continue to certify to positions where permanent status may be attained. Departments may order a certification list for LEAP in the following way.

- 1. Geographical Area/Location
- 2. Limited-Term Tenure Only *
- 3. Time Base (Choose one): Full Time, Part Time, or Intermittent

* ALL LEAP referral lists should be ordered using limited term (LT) tenure and nine (9) months. LEAP candidates remain in LT status until they are transitioned into the civil service class code. It is possible that some LEAP candidates may be hired into a limited term position.

On-Line departments must use one of the following combinations for each request:

Tenure (T)	LT Months	Time Base (TB) Ho	urs	Tenure/Time Base Codes
		. ,		
Limited Term (LT) 09	Full Time	=	21
Limited Term (LT) 09	Part Time	=	22
Limited Term (LT) 09	Intermittent	=	23

If a LEAP candidate has designated any time base as a preference, and is appointed to less than FT, his or her name will continue to be considered for FT positions.

Authority: Government Code Section 19242.4 and CCR Section 547.50 (b)

2.4 THE BOARD'S AUTOMATED CERTIFICATION SYSTEM (DEPARTMENTS "ON-LINE")

When a vacancy occurs, the department may order an official certification list of eligibles from the LEAP Referral List in accordance with the "On-Line Certification Users Manual" for transaction "R1". Or, when ordering a regular certification list, if there is a parallel LEAP referral list, it will automatically generate a LEAP Cert List to the requesting department.

All LEAP Cert Lists shall be On-Line made through the Board's On-Line Certification System. The list will include merged names and any changes in information submitted to the Board. Departments participating in the automated certification system can:

- 1. Process an On-Line informal Certificate via the On-Line IC to see if a LEAP list exists.
- 2. Order and print certification lists and contact letters.
- 3. Clear certification letters.
- 4. Update LEAP eligible records (631 TENURE/TIMEBASE/LOCATION).

2.5 DEPARTMENTS THAT DO NOT USE THE BOARD'S ON-LINE CERT SYSTEM

To obtain a list of the names of the LEAP eligibles, departments must contact the Board's Certification Unit, at (916) 653-1502 and provide the following information:

- 1. Class code including specialty code for the identified LEAP class (see Appendix C).
- 2. Your (the requesting department's) SPB Agency Code.
- 3. Location of the position.
- 4. Number of vacancies/positions to be filled.
- 5. Number of names and ranks you wish to certify and contact. If you know the name and/or SSA number of the person you wish to certify and hire, you may request a "Name Certification" reflecting only that person. The cert rule for LEAP is Rule of the List
- 6. Time Base Full Time, Part Time, or Intermittent. If part time, be prepared to provide the fractional time base, e.g., half time. If intermittent, we will need the number of hours to be worked, e.g., 30 hours per week, 100 per month, etc.
- 7. Number of Limited-Term months, e.g., nine months. The cert list is ordered for a minimum of nine months.

The list will be ready the following day and will either be mailed to or picked up by the requesting department. After contacting the eligibles, the responses are documented directly on the certification list and returned to the Board's Certification Unit for list clearance action. All list clearances should be noted on the formal cert list.

2.6 HOW TO CONTACT ELIGIBLES ON LEAP REFERRAL LISTS

Hiring Department staff may contact LEAP eligibles by telephone or by sending them an "Employment Inquiry". When contacting individuals on LEAP referral lists, departments should use the "Employment Inquiry" Std. 628. It is available in laser and continuous feed format for printing and in pad form for typewriters (see Appendix E). Waivers will not be charged against individuals on LEAP referral lists; however, LEAP eligibles that fail to reply or appear for an interview will be placed inactive. LEAP eligibles must then submit a written request to be reactivated on the list (see Appendix G for list clearance codes for LEAP).

Authority: CCR Sections 258, 260 and 261

2.7 BEWARE OF CANDIDATES NOT ON LISTS

Individuals may contact departments directly and request a hiring interview. If the individual does not provide a copy of a "Notice of Results", be certain his or her name is on a LEAP Referral List before scheduling him or her for a hiring interview. This will prevent the chance of making any illegal appointments.

2.8 REMOVAL OF NAMES FROM LISTS

A candidate's name is removed from a LEAP Referral List (1) upon the expiration date of his or her eligibility (Note: Eligibility on a LEAP referral list is for a period of two years but can be extended for an indefinite period of time); or (2) if an individual who does not meet eligibility criteria, has his or her name placed on a LEAP referral list in error.

If the appointment is to a limited-term or temporary position, his or her name will remain on the list so that he or she may be considered for future positions where there is the potential to gain permanent status. (Refer to Section 2.3, for information on how to order and clear referral lists for LEAP). The acceptance of part time or intermittent work by persons on LEAP Referral Lists shall not affect their eligibility for full-time positions.

Authority: Government Code Section 18901.5 and CCR Sections 260, 547.52 and 547.53

2.9 PLACING CANDIDATE'S NAME ON INACTIVE STATUS

If a department properly codes list clearances, the Board will inactivate the name of any person on a LEAP Referral List and a computer generated notice will be mailed to the candidate who:

- 1. Fails to appear for a job interview (IDNA)
- 2. Fails to respond to an "Employment Inquiry" (IDNR)

The Board will reactivate the name of any person who is on inactive status to the LEAP Referral List, for the remaining period of eligibility, upon written notification from the candidate.

A candidate whose name is on the LEAP Referral List may request to be placed on inactive status by sending a written request to the Certification Unit at the Board. The candidate's name will then be removed from the active list. A candidate's name may be restored to active status for the remaining period of eligibility upon written request.

Authority: CCR Sections 153 and 260

2.10 USE OF AN ALTERNATE LEAP REFERRAL LIST

A LEAP Referral List may sometimes be used to fill positions for classifications that are similar to classes already approved for LEAP. Where the recruitment base would be the same for both classes, it is assumed that individuals on a LEAP referral list would perform satisfactorily in positions for both classes. Departments may request to use a LEAP referral list if the classification meets the following criteria:

- 1. Both classes are at the same salary level (within two steps); and
- 2. Both classes have similar minimum qualifications (MQs); and
- 3. Both classes have similar duties and closely-related knowledges, skills and abilities; and
- 4. The scope of the critical class requirements used to evaluate the candidate in the LEAP class is appropriate for evaluation of the candidate in the other classification.

If the class meets these criteria, use of a LEAP Referral List can potentially increase the opportunities to appoint candidates with disabilities. One example where this has been done is where the LEAP Candidate (Environmental Scientist) list has been used to fill positions in the class of Air Pollution Specialist. In this instance, the individual would be appointed to the LEAP Candidate (Environmental Scientist) class, serve the job examination period, and if successful, be transitioned to the Air Pollution Specialist class.

Departmental requests to use an alternate LEAP Referral List must be in writing to the Statewide LEAP Coordinator, at the Board, and provide evidence that the class meets the criteria listed above. The Statewide LEAP Coordinator, at the Board, will review the request and if appropriate provide written approval to the requesting department.

Authority: Government Code Section 19055 and CCR Section 264

2.11 TRANSFER OF LIST ELIGIBILITY

LEAP referral lists are not eligible lists. They are used to place individuals so that they may complete the second part of the LEAP examination process. Transfer of eligibility between LEAP referral lists and regular civil service lists is <u>not</u> permitted, since individuals have not yet completed the LEAP selection process.

Authority: Government Code Section 19242.4

SECTION 3

HIRING PROCESS

3.1 HIRING INTERVIEW

In filling vacant positions, departments may interview candidates from both the LEAP Referral List and the regular eligible list. Staff responsible for interviewing candidates must not ask specific questions about the person's disability. Questions must be job related. All candidates on the LEAP Referral List are eligible for hiring consideration since "Rule of the List" applies when using LEAP Referral Lists. Authority: Government Code Section 19242.2

3.2 LEGAL REQUIREMENTS FOR APPOINTMENT

Departments may only appoint individuals to the LEAP Candidate (Identified Class) who meet the eligibility criteria for the program and possess the minimum qualifications for the regular civil service classification [CCR, Section 547.51). When a department has questions about the eligibility or qualifications of a LEAP Candidate, the questions should be referred to the Statewide LEAP Coordinator, at the Board. If the name of an individual has been improperly placed on the LEAP Referral List, the Board will remove the name. Departments may not request a copy of a candidate's LEAP Certification. A copy of the LEAP Notice of Examination Results may be supplied to verify list eligibility.

Authority: CCR Section 547.53

3.3 MEDICAL CLEARANCE PROCESS

The medical clearance process is the same for LEAP candidates as it is for any other appointment. If the department requires a health questionnaire for appointment to a particular class, the LEAP candidate will be required to complete a health questionnaire. If the department requires a physical examination, the LEAP candidate will also be required to complete a physical examination. It is **not** appropriate to require a physical examination for a LEAP candidate in a classification where a health questionnaire is the only requirement for other appointees. (Refer to the Personnel Management Policy and Procedure Manual (PMPPM) Section 375 - Medical Clearance)

Authority: Government Code Section 18931 and 19253.5

3.4 MEDICAL STANDARDS

When there are questions about the suitability of appointing an individual to a particular position, the department may request that medical information be reviewed by the State Medical Officer, at the Board, or if the department has been delegated the authority for medical clearance, the medical officer in the department. The medical clearance process will be facilitated if the department designates "LEAP CANDIDATE" at the top of the health questionnaire form.

Authority: Government Code Sections 18931, 19261 (a), 19230 (c) and CCR Section 172

3.5 SUBJECT TO PROPER PLACEMENT

The medical officer will review medical information about the individual and information about the job duties to be performed in order to determine the suitability of the person for a position. If the person is found to be unsuitable, the medical officer will recommend that the department reject the individual for medical reasons. If the person is found to be suitable, the medical officer will report that the person has an unconditional medical clearance for the position. If the person is found to be suitable with the exception of some medical limitation, the medical officer will report that the person has medical clearance for the position and is "Subject to Proper Placement" (STPP).

When an individual is determined to be STPP, the medical officer will prepare a letter that describes the functional limitations in relation to the position. Copies of the STPP letter are provided to the individual and the department. If the department receives an STPP letter about a prospective employee, the appropriate departmental staff will discuss possible accommodations that will assist the individual in the successful performance of the job duties. It is not appropriate to reject a person on the basis of an STPP designation without consideration of reasonable accommodation. (See PMPP Manual Section 375)

Authority: Government Code Section 19230 (c) and CCR Section 172

3.6 REQUEST FOR REASONABLE ACCOMMODATION

Occasionally, there may be cases where a LEAP candidate will initiate a request for a reasonable accommodation during the JEP. The accommodation can be anything that will assist the individual to perform in the position without causing undue hardship to the department. Accommodation requests should be handled in accordance with *Government Code Sections 19230 (a,b&c)* and the Board's *Guidelines for Implementing Reasonable Accommodation* (available on the web at www.spb.ca.gov). The department must respond to a request within **20 working days** and may request an extension of the JEP while arrangements are being made for the accommodation. (See Section 4.7, pp 20-22)

3.7 RECLASSIFYING A POSITION TO LEAP CANDIDATE IDENTIFIED CLASS

There are no budgeted LEAP positions. Positions in the parallel regular civil service class (i.e., the "identified class") must be reclassified to the LEAP Candidate identified class in order to appoint a LEAP candidate. The department will complete the STD 607 form (Change in Established Positions) to reclassify the position. After the new employee has completed the job examination period, the position must be reclassified to the parallel civil service classification.

Authority: CCR Sections 547.50 and 547.56

3.8 LEAP APPOINTMENTS

All individuals selected under LEAP will be documented to receive temporary (TAU) appointments during the job examination period. (Caution: Departments should verify that individuals have sufficient TAU eligibility to complete the JEP. No person may serve in one or more positions under TAU longer than 9 months in 12 consecutive months.) Departments may use LEAP referral lists to fill other than full-time positions. When filling temporary, part time, or intermittent vacancies, departments must clearly describe the tenure and time-base of these positions to potential employees at the time of hire. (See "Tenure", Section 5.3 and "Time Base", 5.4, pp 26-27)

When a LEAP Candidate identified class is a deep class, LEAP candidates may be appointed to alternate ranges as follows:

- 1. When making appointments to alternate ranges for LEAP classes, please make sure that the person fully meets the alternate range criteria for the parallel civil service class.
- 2. Indicate in Item 215 on the Personnel Action Request (PAR) form the class code of the parallel civil service class and the alternate salary range you are seeking to pay the LEAP candidate. The State Controller's Office (SCO) will pay the employee the appropriate salary rate in the alternate range indicated in Item 215 on the PAR.

If there is a State Restriction of Appointment (SROA) list for the parallel civil service class, it must be cleared prior to making an appointment to the LEAP Candidate class as defined by California Code of Regulations, Title 2, Division 1, Chapter 3, Section 599.854.4(c)(5), Department of Personnel Administration):

Limited Examination Appointment Program (LEAP) appointments. Before a LEAP eligible can be initially hired, the appointing power must first request and receive approval for a SROA exemption. When a LEAP eligible has successfully completed the Temporary Authorization (the Board's Rule 265) period the appointing power may make a permanent appointment of that person without requesting another SROA exemption.

Authority: CCR Section 547.50 (b)

3.9 SALARIES AND BENEFITS

Employees in the LEAP Candidate class will receive the same salary and benefits that any other temporary employee in the parallel class receives as determined by the Department of Personnel Administration (DPA).

Those candidates working on a half-time or greater basis are entitled to receive health, dental and vision benefits. Leave benefits are prorated according to the proportional amount of time worked. If a LEAP Candidate is already a permanent State employee, benefits would remain in place.

NOTE: Salaries and Benefits are under the jurisdiction of the DPA. Benefit eligibility added dental and vision coverage per Personnel Management Liaisons (99-054) with a Permitting Event Date 10/1/99.

Authority: Government Code Section 19242.6

3.10 BARGAINING UNIT DESIGNATION

All candidates appointed to the LEAP Candidate identified class will be placed in Bargaining Unit 1. When appointed to the parallel class, they will be placed in the appropriate bargaining unit of the parallel class.

3.11 PROCESSING APPOINTMENTS TO THE LEAP CANDIDATE IDENTIFIED CLASS ("AO1" TRANSACTION)

The Personnel Action Request (PAR) for a LEAP appointment should be completed according to the established Personnel Action Manual (PAM) instructions for appointment to a TAU non-testing class with the following exceptions (see Appendix N, Sample PAR for TAU appointment):

<u>Item</u>	<u>Enter</u>
205. Transaction Code	"AO1"
215. Employment History Remarks	Class code of the identified class (see PAM Section 2.36). Also enter the alternate salary range, if applicable, that the LEAP candidate is to receive.
320. Based on Salary	The salary rate of the identified class. Please note that the salary rate for the

LEAP class (4687) must reflect the specific hourly, daily, or monthly rate as dictated by the Salary Per Item (H, D, or M) on the appointment. If the salary rate of the identified class is listed as monthly in the pay scales, use the Universal Salary Schedule to determine the appropriate hourly or daily salary rate.

410. Appointment Tenure

"T"

415. Number of Months

Nine months. All appointments should be nine months unless prior TAU time must be counted toward total TAU time (i.e., if individual worked as a TAU prior to LEAP Candidate appointment, the remainder of time must allow for the candidate to complete the required JEP). Then appoint actual time worked and convert previous time to days toward the 194-day limit.

425. Certification Number

"4687 NT".

435. MCR Approval

Code" 1 ". Leave "Form" and "Date"

blank.

455. Disability Code

Select from the State Employee Disability

Questionnaire form SPB 740 (see

Appendix F).

Line 8. Additional Items

"863 (indicate appropriate code)" and "878 (indicate code)" information.

Questions on other PAR items must be directed to the SCO, Personnel Services Liaison Unit (see PAM Section 1, 12).

Authority: CCR Section 547.53

3.12 COMPLETING THE NOTICE OF PERSONNEL ACTION (NOPA)

Upon receipt of the NOPA, complete the portion "Classification Title" by entering the class title per the following special instructions:

For appointment to class code 4687, [LIMITED EXAMINATION AND APPOINTMENT PROGRAM CANDIDATE (Identified Class)], type in the class title of the "identified class" in which the duties are to be performed. (See PAM Section 7.3)

EXAMPLE:

CLASSIFICATION TITLE

LIMITED EXAMINATION AND APPOINTMENT PROGRAM CANDIDATE [Office Assistant (Typing)]

Authority: CCR Section 547.53

3.13 STATE EMPLOYEE DISABILITY QUESTIONNAIRE (STD. 740)

All LEAP candidates are certified by the Department of Rehabilitation as meeting the definition of an "individual with a disability", as specified in *CCR Section 470. 1 (4)*. When appointed, each candidate should be given the State Employee Disability Questionnaire and encouraged to fill in the appropriate information. [Note: Under the Fair Employment & Housing Act (FEHA) you are prohibited from requiring the person to provide this information.]

The appropriate disability code must be included on the PAR form for each LEAP Candidate. This item will be post audited by the SCO. Correct information on the PAR will ensure that efforts to hire persons with disabilities under LEAP will be appropriately recorded.

Authority: Government Code Section 19233 (b)

3.14 ADDITIONAL INFORMATION

- 1. Time spent in the LEAP Candidate class **does** count toward the salary anniversary date for the parallel class.
- 2. Time spent in the LEAP Candidate class **does not** count toward completion of the probationary period of the parallel class.
- 3. Those appointed to the LEAP Candidate class are entitled to receive the same general salary adjustments as those in the parallel identified class receive. If the

identified class (Item 215 of TAU appointment) receives a "GEN", then a "SAL" should be done on the LEAP appointment (effective the same date as the "GEN") to increase the candidate's salary accordingly.

4. Hiring Above the Minimum (HAM's) authorization for extraordinary qualifications **does not** apply to LEAP appointments.

Questions on PAR items should be directed to the SCO's, Personnel Services Liaison Unit (See PAM Section 1. 12).

Questions on candidate/employee benefits should be directed to the DPA.

Authority: Government Code 18529 and 19836

SECTION 4

EVALUATION PROCESS

4.1 **JOB EXAMINATION PERIOD (JEP)**

The purpose of the JEP, as defined by *CCR Section 547.54* is to assess the knowledge, skills and abilities of individuals in a LEAP Candidate identified class. Candidates must successfully demonstrate their ability to perform the essential functions of the job classification in order to successfully complete their LEAP examination. The length of the JEP is one-third that of the probationary period for the parallel class (i.e., two months for classes with a six-month probationary period, and four months for classes with a twelve-month probationary period). If the candidate is working part time, the JEP is prorated at a rate comparable with two months equaling 280 hours or four months equaling 560 hours of full time employment. *[CCR Section 321]*

4.2 EVALUATION STANDARDS/CRITICAL CLASS REQUIREMENTS

Pursuant to *CCR Section 547.54 (c)* the Board will determine the Critical Class Requirements (CCR) which will be used to evaluate employees in the LEAP Candidate class. The CCRs will be based on the knowledge, skills, and abilities, identified in the class specification of the "identified class", which are considered necessary to perform the essential functions of the job. CCRs will be stated on LEAP examination bulletins and on LEAP Candidate Job Examination Form, SPB 273.

4.3 "LEAP CANDIDATE JOB EXAMINATION PERIOD" FORM SPB 273

SPB Form 273 is used to evaluate LEAP candidates and to request any changes in the status of a LEAP candidate. The Board staff has prepared a separate form SPB 273 for each of the LEAP Candidate identified classes (see Appendix D for a copy of each form). Departments must use the appropriate form SPB 273 for each identified class to assess the skills and abilities of employees during the JEP.

Department staff cannot change the CCRs listed on the 273 form (CCR Section 547.54). Any questions about the CCRs should be referred to the Statewide LEAP Coordinator, at the Board. Supervisors may attach a duty statement for the position to document specific tasks that will be used to evaluate the CCRs.

To obtain a supply of any Form SPB 273, departments should use a copy of the form contained in Appendix D as a "master" and duplicate as many copies as needed. If a new "master" is needed, departments may request another copy from the Statewide LEAP Coordinator, at the Board or print out a copy from www.spb.ca.gov.

4.4 OBSERVING PERFORMANCE

The JEP is comprised of the time the supervisor is observing the performance of the individual in the LEAP Candidate identified class. In order to provide a fair evaluation of the LEAP Candidate's performance, the supervisor must observe the performance over the full two or four-month JEP. If the supervisor cannot observe the performance of the LEAP candidate for any period of time, the JEP should be extended accordingly. For instance, if the LEAP candidate attends classroom training for two weeks, the JEP should be extended to 10 weeks for a two-month evaluation or 18 weeks for a four-month evaluation period.

Authority: Government Code Section 19242.8 and CCR Section 547.54 (d)

4.5 MONTHLY EVALUATIONS

The supervisor will evaluate the LEAP candidate once each month during the JEP, documenting the evaluations on a form SPB 273. A copy of the SPB 273 must be submitted to the LEAP Coordinator within the department. The Departmental LEAP Coordinator will be responsible for monitoring the progress of the candidate during the JEP. The department may decide to request an extension or a reduction of time during the JEP in accordance with *CCR Section 547.55*. Refer to the procedures in this section on "Extension of JEP" (4.7, pp 20-22) or "Reduction in JEP" (4.8, pp 22-24).

1. Departmental LEAP Coordinator's Responsibility

Departments must complete the appropriate form SPB 273 at the time an individual is appointed to the LEAP Candidate identified class. The departmental LEAP coordinator will keep the original form SPB 273 and copies will be given to the candidate and the immediate supervisor for monthly evaluations.

2. Supervisor's Responsibility

The supervisor will evaluate the LEAP candidate's performance at the end of each month during the JEP by completing the "LEAP Candidate Job Examination" form (SPB 273). The evaluation will contain the supervisor's assessment of the candidate's performance on each of the Critical Class Requirements and the supervisor's signature.

Assessments are given by providing a rating of Outstanding, Satisfactory or Needs Improvement. A rating of "Outstanding" indicates the candidate has performed exceptionally and exhibits a mastery of the knowledge and abilities in relation to the specified critical class requirement. A "Satisfactory" rating indicates an average performance level and the candidate meets the criteria specified for the critical class requirement. A "Needs Improvement" rating indicates the candidate's performance level is below minimum standard for the classification. Problematic

areas will be discussed with the candidate and arrangements may be made to provide any needed reasonable accommodation or additional training. The supervisor will discuss the completed SPB 273 evaluation each month with the LEAP candidate. The candidate will review and sign the appropriate form SPB 273 each month. The signature of the candidate only indicates that the form has been reviewed. The candidate may not necessarily agree with the evaluation.

PLEASE NOTE: For candidates working an Intermittent time base, time sheets are required in order to verify the appropriate number of hours worked.

The supervisor will keep a copy of the completed SPB 273, provide the candidate with a copy, and submit the original to the departmental LEAP Coordinator each month during the JEP.

3. LEAP Candidate's Written Response to Evaluation

The LEAP candidate may submit a written response to any information contained on the evaluation. The candidate will keep a copy of the response, provide a copy to the supervisor, and submit the original to the departmental LEAP Coordinator. The response must be acknowledged by the department and included as an official part of the evaluation.

Authority: Government Code Section 19242.8 and CCR Section 547.54 (d)

4.6 FINAL EVALUATION

In order to process an appointment of a LEAP candidate to the parallel civil service classification, the department must complete a final form SPB 273. The final evaluation must be completed after the equivalent of two months, for a class with a six-month probation, or after the equivalent of four months, for a class with a twelve-month probation.

At the time of the final evaluation the individual in the LEAP Candidate identified class should be ready for appointment to the parallel civil service class. Refer to Section 5, "Transition Process", and pp 25-28, for procedures to transition an individual from the LEAP Candidate identified class to the parallel class.

If the LEAP candidate is not ready for appointment to the parallel class and the department has decided to terminate the candidate, the department should follow the procedures under Section 6, "Termination Process", pp 29-34.

To process the final evaluation on a LEAP candidate who has successfully completed a JEP, use the following steps to complete the form SPB 273:

1. The supervisor must check "yes" under "Final Evaluation Only".

- 2. The supervisor <u>must include</u> justification under "Supervisor Comments".
- 3. Both the supervisor and the LEAP candidate will review and sign the final SPB 273.
- 4. The supervisor will keep a copy of the final SPB 273, provide the candidate with a copy, and submit the original to the departmental LEAP Coordinator.
- 5. The departmental LEAP Coordinator will submit the final evaluation package to the Statewide LEAP Coordinator, at the Board. The final evaluation package must include the following information:
 - a. A cover memo, which includes: the name of the LEAP candidate, LEAP Candidate identified class, and requested effective date for appointment to the parallel class. A sample cover memo has been prepared for departments to use when submitting a request for appointment to the parallel class. (See Appendix J)
 - b. The original copy of all SPB 273 forms including monthly and final evaluations.
 - c. The original copy with any responses to the evaluations by the LEAP candidate.

Submit the final evaluation package to:

By Mail or In Person:

State Personnel Board Statewide LEAP Coordinator 801 Capitol Mall, MS 55-B Sacramento, CA 95814

- 6. The Statewide LEAP Coordinator, at the Board, will review the request and the supporting evaluation package. If approved, the coordinator will determine the appropriateness of the effective date and complete a memo of approval for appointment to the parallel class. [CCR Section 547.56(a)]
- 7. The approval memo will be returned to the departmental LEAP Coordinator for processing a Personnel Action Request (PAR). Refer to Section 5, "Transition Process", pp 25-28, for procedures to appoint employees to the parallel class.

Authority: CCR Sections 547.54 (a) and 547.54 (d)

4.7 EXTENSION OF JOB EXAMINATION PERIOD

Two or four months are usually adequate to evaluate a LEAP candidate's performance during the JEP. Occasionally, there may be a need to extend the JEP. A department may

request an extension of time for a LEAP candidate if necessary to properly assess his or her performance. The Statewide LEAP Coordinator, at the Board, as specified in CCR Section 547.55(a) must approve all requests for extensions. Requests for extensions must be made and approved no later than 30 days following the last day of the JEP. The department must inform the candidate of the reasons for the request for any extension of time. The candidate must also be made aware of the level of performance that is expected for a satisfactory rating during the time remaining, if the extension is approved.

Requests for extensions are evaluated on a case-by-case basis. Extensions have been approved during the job examination period for the following reasons:

- 1. Candidate needs to improve and the department expects a satisfactory performance within a short period of time.
- 2. Candidate needs to improve and is placed in a different position where the department expects a better job-person match.
- 3. Candidate is attending classroom training.
- 4. Department is arranging for reasonable accommodations.
- 5. Candidate is on an approved leave of absence (e.g., short-term illness, etc.).

Form SPB 273 is used to request an extension of time during the JEP. The supervisors' comments must include justification for requests to extend the JEP. Extensions can only be requested for candidates who have TAU time remaining. No person may serve in one or more positions under temporary appointment longer than 9 months in 12 consecutive months (see *PMPP Manual Section 330*).

To process a request for an extension of the JEP, use the following steps:

- 1. On the form SPB 273, the supervisor must check "No" and check "Request Extension of Job Trial Period" under "Final Evaluation Only".
- 2. The supervisor must include justification for a request to extend time under "Supervisor Comments".
- 3. The supervisor and the LEAP candidate must review and sign the SPB 273 requesting an extension of time.
- 4. The supervisor will keep a copy of the completed form SPB 273, provide the candidate with a copy, and submit the original to the departmental LEAP Coordinator.
- 5. The departmental LEAP Coordinator must submit a request for extension of time and get approval from the Statewide LEAP Coordinator, at the Board, no later than

30 days following the last day of the JEP. If approval is not obtained within this time, the candidate is automatically presumed to have successfully passed the JEP and must be appointed to the parallel civil service class (Government Code Section 19243). To expedite a request, the departmental LEAP Coordinator may obtain approval by telephone from the Statewide LEAP Coordinator, at the Board. The departmental LEAP Coordinator must then submit a written confirmation of the telephone approval to the Statewide LEAP Coordinator, at the Board. A request for extension must include the following information:

- a. A cover memo, which includes the name of the LEAP candidate, LEAP Candidate Identified class, requested new ending date of the JEP, and an explanation for the need to extend the JEP. A sample cover memo has been prepared for departments to use when submitting a request for extension of JEP. (See Appendix I).
- b. The SPB 273 form requesting an extension of time and prior monthly evaluations.
- c. Any responses to the evaluations, by the LEAP candidate.

Submit evaluation package to:

By Mail or In Person:

State Personnel Board Statewide LEAP Coordinator 801 Capitol Mall, MS 55-B Sacramento, CA 95814

6. The Statewide LEAP Coordinator, at the Board, will evaluate requests to extend the JEP on a case-by-case basis and will respond within the 30 days following the last day of the JEP.

Authority: Section 5, Article VII, California Constitution

4.8 REDUCTION IN JOB EXAMINATION PERIOD

The two or four-month evaluation is usually needed to determine the qualifications of a LEAP candidate. The department may request a reduction of time for a particular LEAP candidate, under specific conditions. The Statewide LEAP Coordinator at the Board must approve all requests for early appointment to the parallel class.

Requests for early transition of a LEAP Candidate must meet all of the conditions stipulated in *CCR Section 547.55(b)* which states:

- (1) The LEAP candidate held a position in state civil service during the twelve-month period prior to the effective date of the LEAP appointment; and
- (2) The duties performed in the position in (1) above were equivalent in level of responsibility and requirements of knowledge, skills and abilities to the duties of the position to which the LEAP candidate will be appointed upon completion of the LEAP job examination period; and
- (3) The position in (1) above was held by the LEAP candidate for a period of time that equals or exceeds the LEAP job examination period specified in *CCR Section* 547.54(a); and
- (4) The LEAP candidate has written evidence of satisfactory performance in all aspects of the position in (1) above; and
- (5) The LEAP candidate's current appointing power requests that the LEAP job examination period be reduced.

To process a request for a reduction of time, a final evaluation of the LEAP candidate must also be completed. Use the following steps to complete the form SPB 273:

- 1. The supervisor must check "Yes" under "Final Evaluation Only".
- 2. The supervisor must include justification under "Supervisor Comments". The justification must indicate that all of the conditions specified under *CCR Section* 547.55(b) are met.
- 3. The supervisor and the LEAP candidate will review and sign the final SPB 273.
- 4. The supervisor will keep a copy of the final SPB 273, provide the candidate with a copy, and submit the original to the departmental LEAP Coordinator. The supervisor may initiate the request for reduction in the job examination period by attaching a cover memo with the necessary information to the final evaluation package.
- 5. The departmental LEAP Coordinator will submit a request for reduction of time to the Statewide LEAP Coordinator, at the Board, during the JEP. The evaluation package must include the following information:
 - (a) The cover memo should include the name of the candidate, the identified class, and requested effective date for appointment to the parallel class. The cover memo must also include all necessary information to determine that the request meets all of the conditions required for reducing time in the job examination period according to *CCR Section 547.55(b)*. A sample memo has been prepared for departments to use when submitting a request for a reduction of the JEP. (See Appendix H)

- (b) All SPB 273 forms including monthly and final evaluations.
- (c) A copy of the candidate's "Notice of Results" or the page of LEAP Referral List where name of candidate appears.
- (d) Any responses to the evaluations by the LEAP candidate.

Submit final evaluation package to:

By Mail or In Person:

State Personnel Board Statewide LEAP Coordinator 801 Capitol Mall, MS 55-B Sacramento, CA 95814

- 6. The Statewide LEAP Coordinator, at the Board, will review the request and the supporting evaluation package. If approved, the Statewide LEAP Coordinator, at the Board, will determine the appropriateness of the effective date and complete a memo of approval for appointment to the parallel class. (See Appendix K for a sample approval memo)
- 7. The approval memo will be returned to the departmental LEAP Coordinator for processing a Personnel Action Request (PAR). Refer to the Section 5, "Transition Process", pp 25-28, for procedures to appoint candidates to the parallel class.

SECTION 5

THE TRANSITION PROCESS

5.1 TRANSITION FROM TEMPORARY TO PERMANENT APPOINTMENT

Individuals appointed to the LEAP Candidate identified class who successfully complete their JEP will be transitioned to the parallel class. Departments must complete a final LEAP Candidate Job Examination form (SPB 273) requesting approval to appoint the LEAP candidate to the parallel class. Refer to the "Evaluation Process", Section 4.6 (pp 18-19) for procedures to complete the final evaluation; or refer to "Reduction in the JEP", Section 4.8 (pp 22-24).

Board approval of the LEAP candidate appointment to the parallel class is contingent upon the following conditions stipulated in *CCR Section 547.56(a):*

- (1) The job examination period specified in *CCR Section 547.54(a)* has been successfully completed; and
- (2) The appointing power submits verification to the executive officer that the LEAP candidate has successfully completed the LEAP job examination period.

If the department does not submit a final evaluation within 30 days after the last day of the JEP, it will be presumed that the LEAP candidate has demonstrated satisfactory performance in the LEAP examination as provided by *Government Code Section 19242.9*. The department must then appoint the LEAP Candidate to the parallel class with the effective date of the day after completion of the JEP.

5.2 APPOINTMENT OF LEAP EMPLOYEE TO THE PARALLEL CIVIL SERVICE CLASS ("A22" TRANSACTION)

In order to process the appointment of a LEAP candidate to the parallel class, please use the following instructions to complete a Personnel Action Request (PAR). The department must complete a PAR using the transaction code "A22", which is "Appointment by the Board, DPA, or Court Action in lieu of appointment through the Certification Process" (See PAM 3.66 and 3.67; 2.203). (See Appendix 0, Sample PAR for Appointment to Identified Class). Complete all items according to the normal PAM instructions:

<u>Item</u>	<u>Enter</u>
205. Transaction Code	"A22".

320. Based on Salary If salary rate on LEAP appointment (AO1)

was converted to an hourly or daily rate,

and

salary range for class code of A22

transaction is monthly, enter the appropriate

monthly rate.

430. Probationary Period Code " 1 " and ending date of probationary

period for identified class. Ending date

must be entered manually.

Line 10. Backup Information "X" in "On File For Audit" box.

Remarks Column "Letter of Approval, from the Board, must

be on file with the appointing power."

The "A22" transaction may be key entered by the employing department. The department must retain a copy of the Approval Memo and the final evaluation package. (See Appendix K for sample approval memo)

Authority: CCR Section 547.56

5.3 TENURE

1. Temporary

All appointments to the LEAP Candidate Identified Class, class code 4687, are temporary. When the individual passes the JEP and is transitioned to a permanent position in the parallel civil service class, the tenure will no longer be temporary.

2. Permanent

The vast majority of LEAP candidates are transitioned to permanent positions. The A22 PAR document will reflect a "P" in Item 410 to show that the individual was transitioned to a permanent position.

3. Limited Term

With the consent of the individual, LEAP candidates who have passed the JEP may be transitioned to limited-term positions. When this happens, the candidate's name remains active on the LEAP referral list for a permanent appointment for as long as they continue to have list eligibility. Once the individual has passed the JEP and has been transitioned to a limited-term position, he or she may be reappointed (a second A22) to a permanent position in the same civil service class as long as he or she still has eligibility on the LEAP referral list.

In order to change the tenure from limited term to permanent, the department must submit a request in writing to the Statewide LEAP Coordinator, at the Board. The request must include the name of the employee, class title, the old tenure, the new tenure, the effective date for the requested change, and a copy of the Approval Memo for the first appointment to the parallel class. A sample memo has been prepared for departments to use when submitting a request for a change in tenure (see Appendix L).

The Statewide LEAP Coordinator, at the Board, will verify that the individual has passed the JEP for the identified class and either approve or deny the department request. If the request is approved, the department will process an A22 PAR document appointing the individual to the permanent position.

Authority: Government Code Section 19242.4 and CCR Section 547.56

5.4 TIME BASE

1. Full Time (FT)

All persons on a LEAP Candidate referral list are eligible for FT employment. They may or may not be appointed FT depending on the needs of the department and the preference of the individual.

2. Part Time (PT) and Intermittent (INT)

All persons on a LEAP candidate referral list are eligible for a full-time appointment, accordingly, an individual who is appointed from a LEAP referral list to less than FT (e.g., PT or INT) may have their time base increased at the discretion of the department and with the consent of the employee to FT [CCR Section 277(a)(2)]. To increase the individual's time base while the individual is either temporary in the LEAP Candidate (Identified Class) or limited term or permanent after the transition (A22) to the parallel civil service class, the department has to verify that the individual was appointed from a LEAP list. Since "Rule of the List" applies for LEAP, departments need only process a "405" PAR transaction.

5.5 TRANSFERS

Transfers are not allowed between LEAP Candidate Identified Classes. Once the LEAP appointee has been transitioned (A22) to a permanent position in the parallel class, he or she has transfer eligibility the same as all other permanent civil service employees.

Authority: CCR Sections 433 and 434

5.6 RESTORATION OF NAME TO A LEAP LIST FOLLOWING REJECTION DURING PROBATION OR JOB EXAMINATION PERIOD

Following transition from LEAP to the parallel civil service class, the employee serves the regular probationary period for the class. If the employee is rejected during the probationary period, he or she may request, in writing, that his or her name be restored to active status on the LEAP list for the remaining period of his or her eligibility. The department must include this information in the formal written notification informing the employee of rejection during probation or JEP.

Authority: CCR Section 547.57 (f)

SECTION 6

THE TERMINATION PROCESS

6.1 REQUIREMENTS FOR TERMINATION

"Upon unsuccessful completion of the JEP, the department may terminate the appointment of the candidate in accordance with board rule" (Government Code Section 19243.4). Pursuant to CCR Section 547.57(a) LEAP candidate's appointment may be terminated during or upon completion of the JEP by the department, if the LEAP candidate does not satisfactorily demonstrate the level of knowledge, skill, and ability required to effectively perform the duties of the parallel class.

In taking such an action, the department shall give written notice at least five (5) working days prior to the effective date of the termination, setting forth the reasons for termination, the right to respond to the appointing power, and the right to appeal the action to the Board under the provisions of *CCR Sections 51-54.2* A LEAP candidate whose appointment has been terminated is entitled to a deprivation hearing [see CCR Section 547.57(b)].

6.2 REASONABLE ACCOMMODATION CONSIDERATION BEFORE TERMINATION

When considering the termination of a candidate for unsatisfactory performance, the supervisor must ensure that the cause of the problem is not due to the failure to provide reasonable accommodation. Reasonable accommodations must be considered prior to concluding that a candidate is unable to perform the work of his or her position. (Refer to "Request for Reasonable Accommodation", Section 3.6, p 11)

Authority: Government Code Section 19230 (c)

6.3 INSTRUCTIONS FOR TERMINATING LEAP CANDIDATES DURING THE JEP

If the department has made a decision to terminate a candidate, the supervisor must complete a final SPB 273 form documenting performance problems and recommend termination of the JEP for the LEAP candidate, using the following steps:

- 1. The supervisor must check "No" in the final evaluation section of the form 273, and his or her comments must include justification for the termination.
- 2. The supervisor must keep a copy, provide a copy to the LEAP candidate and submit the original to the Departmental LEAP Coordinator.

3. The Departmental LEAP Coordinator will submit a signed cover memo, the final evaluation, and monthly evaluations to the Statewide LEAP Coordinator, at the Board, as notification of action taken.

(Note: Termination of a LEAP candidate does not require approval by the Board)

4. The Statewide LEAP Coordinator at the Board, will review the form SPB 273 to ensure the candidate has received a fair evaluation. If there are questions (e.g., it appears the department did not provide reasonable accommodation), the Statewide LEAP Coordinator, at the Board, will raise the question(s) with the department. The Statewide LEAP Coordinator at the Board may suggest an extension of the JEP to provide time for the department to respond to the questions and provide, if necessary, reasonable accommodation. If it appears the candidate received a fair evaluation, the Statewide LEAP Coordinator at the Board will return a "Letter of Receipt of Notification" to the department (see Appendix M for sample letter).

Actions to terminate a LEAP candidate must be taken within 30 days following the last day of the JEP. If an agency fails to take action within this time period, it shall be presumed that the candidate has passed the examination and he or she must be appointed to the parallel class [Government Code Section 19242.9 and CCR Section 547.56(b).] Refer to Section 5, "Transition Process", pp 25-28, for procedures to appoint a candidate to the parallel class.

Authority: Government Code Section 19243.4 and CCR Section 547.57

6.4 RESIGNATION WITHOUT FAULT - VOLUNTARY RESIGNATION ("SOI")

If the LEAP candidate voluntarily resigns, the department must complete a PAR using Transaction Code "SOI", Resignation Without Fault (PAM 3.204 and 3.205). (See Appendix P, Sample PAR for LEAP Resignation Without Fault - Voluntary Resignation)

<u>Item</u>	<u>Enter</u>
205 (Transaction Code)	"S01"
603 (Reason for Separation)	Must be completed.
606 (Time To Be Paid)	Must be completed.
710 (Intermittent Hours)	If intermittent employee, must be
	completed.

6.5 TERMINATION WITHOUT FAULT ("S31")

When a LEAP candidate has not successfully performed the duties and responsibilities during or upon completion of the JEP, the department must complete a PAR using Transaction Code "S31", "Termination Without Fault" (PAM 3.220 and 3.221). Work performed during the JEP is considered a performance test and failure to perform satisfactorily should not penalize the individual from taking other examinations in the future. The Board will restore the name of any person to the active LEAP Referral List for the remaining period of eligibility upon written notification from the candidate [see Section 7.1 (p 35) for appeal rights of a candidate]. "Termination without fault" is also used when the individual cannot perform the required duties for medical reasons. (See Appendix Q, Sample PAR for LEAP Termination Without Fault)

<u>Item</u>	<u>Enter</u>
205 (Transaction Code)	"S31"
606 (Time To Be Paid)	Must be completed.
710 (Intermittent Hours)	If intermittent employee, must be completed.

6.6 TERMINATION WITH FAULT ("S40")

When a LEAP candidate, who does not have current civil service status, has engaged in inappropriate behavior serious enough to warrant severe disciplinary action as defined in *Government Code Section 19572*, the LEAP candidate should be separated for cause. The department must complete a PAR using Transaction Code "S40", "Termination With Fault" (PAM 3.226 and 3.227). (See Appendix R, Sample PAR for LEAP Termination With Fault)

<u>Item</u>	<u>Enter</u>
205 (Transaction Code)	"S40"
606 (Time To Be Paid)	Must be completed.
710 (Intermittent Hours)	If intermittent employee, must be completed.
Line 10 (Backup Information)	"X" required in "On File for Audit"

6.7 **DISMISSAL** ("S41")

When a LEAP candidate, who has current civil service status, has engaged in inappropriate behavior serious enough to warrant severe disciplinary action as defined in *Government Code Section 19572*, the LEAP candidate should be dismissed (S41) and must be provided with the due process specified in *Government Code Sections 19570-19589*.

6.8 RESTORATION OF NAMES TO LEAP LISTS FOLLOWING TERMINATION

Upon written notification from a LEAP candidate terminated without fault (S31), the Board will restore his or her name to the active status on that LEAP Referral List for the remaining period of eligibility. The department must provide the candidate with this information in the Notice of Termination letter.

The names of LEAP candidates terminated with fault (S40) shall not be restored to active status on that LEAP Referral List without the consent of the Executive Officer.

The names of LEAP candidates dismissed (S41) shall not be restored to the list; however, the provisions of *CCR 211* apply.

6.9 RIGHT OF RETURN TO FORMER POSITION

A State employee, who has attained permanent civil service status prior to accepting a LEAP appointment, who does not successfully complete the JEP in the LEAP Candidate identified class, and who is terminated without fault (S31) has the right to return to his or her former position as provided by *Government Code Section 19140.5*.

It is the responsibility of the employee to inform the former appointing power within 10 working days after the effective date of the termination of his or her intent to exercise mandatory reinstatement rights. At the time an employee is notified of his or her termination, he or she must also be informed of all reinstatement options, how to pursue each option, and the specific time limits for exercising the options (*PMPP Manual Section 312*).

A State employee, who has attained permanent civil service status prior to accepting a LEAP appointment and is dismissed under *Government Code Sections* 19570-19589 (S41), does not have a right of return.

6.10 ILLEGAL APPOINTMENTS

On occasion, after a job offer has been made or after an individual has been appointed to the LEAP Candidate identified class by the department, something is discovered or occurs that makes the appointment to the LEAP Candidate identified class illegal. Before a decision is made not to hire the individual, or to terminate the candidate's JEP, the department must consult with the Board's personnel analyst that has functional responsibility for illegal appointments in the Policy Division and the Statewide LEAP Coordinator, at the Board, to discuss the situation. After review of the facts, if the department concludes that an illegal LEAP appointment was made, the department must terminate the individual without fault (S31) using the method described in *PMPP Manual*, *Section 395.17* "Cancellation of Temporary Appointments". Since a TAU does not provide the candidate with status in or rights to the class, the TAU appointment can be terminated by the department at any time without any further involvement of the Board. The

candidate has the right to appeal his or her LEAP termination under *Government Code Section 19244(e)*, (See "Termination During a Job Examination Period", Section 7.6, p 37). Consideration must be given to circumstances that make the appointment illegal, before deciding upon a course of action. In addition, the affected individual should be notified as soon as possible that there is a problem. He or she may then take appropriate actions to correct the situation or minimize the impact of the decision (see "Termination Without Fault", Section 6.5, p 31).

Many things could happen which might warrant not appointing the candidate, or the termination of the LEAP JEP. The following are some examples:

1. **PROBLEM:** After a job offer was made, it is discovered that the candidate does not have eligibility on the appropriate LEAP Referral List (candidate does have the required LEAP Certification form from the California Department of Rehabilitation, but did not take the LEAP exam).

POSSIBLE SOLUTION: It is important that all supervisors ensure candidates are on the appropriate LEAP Referral List before conducting a hiring interview. In this instance, the department should not put the person to work, but check to see if the person has other eligibility. Also, see how quickly the person might be examined through LEAP or the parallel exam process.

2. **PROBLEM:** After completing the JEP, it is discovered that the candidate does not have the required written verification from the California Department of Rehabilitation certifying that the candidate has a qualifying disability (LEAP Certification is not on file for the individual).

POSSIBLE SOLUTION: The individual should be instructed to contact the California Department of Rehabilitation to obtain a LEAP certificate. If the Rehabilitation Counselor determines that the individual does not have a qualifying disability, he or she may appeal (Refer to "Refusal to Certify Eligibility", Section 7.2, p 35). If the person is not eligible for LEAP, he or she cannot be transitioned to the parallel class and the TAU LEAP appointment must be terminated without fault (S31).

3. **PROBLEM:** Board staff permits a person to compete in a LEAP examination when the individual applied for the parallel class, and that person is later appointed from the LEAP Referral List (individual is not disabled and does not have LEAP eligibility).

POSSIBLE SOLUTION: If the regular exam had already been given, the Board should reschedule the individual to take the parallel civil service exam as soon as possible and his or her name should be merged on the existing parallel civil service list. The Board will immediately remove his or her name from the LEAP list. If the person is not eligible for LEAP, he or she cannot be transitioned to the parallel class and the TAU LEAP appointment must be terminated without fault (S31).

4. **PROBLEM:** It is discovered during the State Medical Officer's review of the candidate's medical information that the candidate does not have a qualifying disability for LEAP under the ADA.

POSSIBLE SOLUTION: When the State Medical Officer discovers that a candidate does not have a qualifying disability, the Medical Officer will withdraw certification of LEAP eligibility and prepare a letter explaining why the person does not meet eligibility criteria for LEAP, and that the TAU JEP appointment must be terminated in accordance with CCR Section 547.57. Copies of this letter will be provided to the individual, the appropriate departmental personnel office, and the Statewide LEAP Coordinator, at the Board.

Authority: CCR Section 547.51

SECTION 7

LEAP APPEAL PROCESS

7.1 LEAP CANDIDATE'S APPEAL RIGHTS

While LEAP is somewhat different from the traditional selection process, the rights of LEAP candidates are protected in the same way. LEAP candidates may appeal the following actions (Government Code Section 19244):

- (a) A refusal to certify eligibility to participate in the program.
- (b) A rejection of an applicant to participate in the examination.
- (c) A disqualification by an interview panel or by any other selection method used
- (d) A denial of a request for reasonable accommodation during the JEP.
- (e) A termination of an appointment during the JEP.

7.2 REFUSAL TO CERTIFY ELIGIBILITY TO PARTICIPATE IN LEAP

The refusal to certify eligibility to participate in LEAP by the Department of Rehabilitation may be appealed directly to the Board's Executive Officer in accordance with CCR Section 547.51 (b). The individual must send a written request along with medical evidence of his or her disability to the Board. This request shall contain the reasons for the appeal and reasons why the individual thinks the decision should be changed.

The Board will review the medical evidence to determine the individual's eligibility for LEAP and will respond within 30 days from the time the request is received:

- 1. If the decision is that the person meets the eligibility criteria for LEAP, a signed LEAP Certification form will be mailed to the individual.
- 2. If the decision is that the person does not meet eligibility criteria for LEAP, a written notification of the decision will be mailed to the individual.

Authority: Government Code Section 19244 (a)

7.3 REJECTION OF AN APPLICATION TO PARTICIPATE IN A LEAP EXAMINATION

Individuals may file a written appeal with the Board's Appeals Division within 30 days of notification that their application was not accepted for failure to meet the minimum qualification (education and experience) requirements for participation in the LEAP examination

Authority: Government Code Section 19244 (b) and CCR Section 547.51

7.4 DISQUALIFICATION FROM THE LEAP READINESS EVALUATION

Individuals who are not successful for the LEAP Readiness Evaluation and were disqualified may file a written appeal. Such appeals must be mailed to the Board's Appeals Division within 30 days following receipt of the notice of disqualification.

Authority: Government Code Section 19244 (c) and CCR Section 547.52

7.5 DEPARTMENT DENIES REASONABLE ACCOMMODATION DURING THE JEP

A LEAP candidate may request reasonable accommodation during the JEP. A request should be submitted in writing to the supervisor. The request should indicate the specific accommodation requested, the medical, physical, or emotional limitation that necessitates the accommodation, and an explanation of how the accommodation will allow the individual to perform the essential functions of the job. If the accommodation entails the purchase of special equipment or devices, it would be helpful if the candidate can identify the cost, source, and/or method for obtaining the equipment or device.

The department must provide the candidate with a response within 20 working days from the date of request. When reasonable accommodation is not made, the department must respond in writing and include a description of the individual's appeal rights. If the department denies reasonable accommodation or 20 working days have elapsed without approval, the LEAP candidate may appeal directly to the Board's Appeals Division. Such appeals must be within 30 days of expiration of the 20 days or notice of departmental decision. The Appeals Division will immediately notify the department and request a written statement of the denial. (See "Guide for Implementing Reasonable Accommodation", p 22)

Authority: Government Code Section 19244 (d)

7.6 TERMINATION DURING A JOB EXAMINATION PERIOD

A LEAP candidate whose appointment is terminated from the program for (1) failure to satisfactorily demonstrate job performance, (2) cause, or (3) failure to meet the conditions for appointment provided in *CCR Section 547.53* may file a written appeal of the termination. Such appeals must be mailed to the Board's Appeals Division within 30 days following receipt of the notice of termination (refer to "Termination Process", Section 6, pp 29-34). [Government Code Section 19244(e) and CCR Section 547.57]

Laws Governing The CHAPTER 5.5 LIMITED EXAMINATION AND APPOINTMENT PROGRAM

Article 1. General

- 19240. The State Personnel Board shall be responsible for the Limited Examination and Appointment Program. This program shall provide an alternative to the traditional civil service examination and appointment process to facilitate the hiring of persons with disabilities in the state civil service where accommodation can be provided and where prohibitive physical requirements are not mandated by the board.
- 19241. The board shall establish rules and procedures for the implementation of this chapter, which may provide for the establishment of eligibility criteria for participation, special job classifications, examination techniques, and appointment and appeals procedures.

Article 2. Examinations and Appointments

19242. The board or its designee shall conduct competitive examinations to determine the qualifications and readiness of persons with disabilities for state employment. The examinations may include an on the-job-performance evaluation and any other selection techniques deemed appropriate by the board. Examination results may be ranked or unranked.

(Amended by Stats. 1990, Ch. 478.)

19242.1. An appointment to a position for the purpose of completing a job performance evaluation shall be known as an examination appointment.

(Added by Stats. 1990, Ch. 478)

19242.2. The board or its designee shall refer the names of persons with disabilities who meet eligibility criteria for participation and the minimum qualifications of the job classification and any other requirements deemed appropriate by the board to appointing powers for examination appointments. Notwithstanding any other provision of law, and to provide for appropriate job-person placement, all candidates meeting referral requirements shall be eligible for examination appointment. The board shall prescribe by rule the method for referring names to appointing powers.

(Amended by Stats. 1990, Ch. 478.)

- 19242.4. All examination appointments to positions under the Limited Examination and Appointment Program shall be made on a temporary and provisional basis to allow candidates to demonstrate their ability to perform the duties of the position. The term of the appointment shall be known as the job examination period and its duration shall be determined by board rule.
- 19242.6. Candidates serving in positions under the Limited Examination and Appointment Program shall not acquire permanent civil service status but shall receive the same salary and benefits to which other state employees in temporary positions are entitled.

- 19242.8 The board or its designee shall develop evaluation standards which are appropriate tests of fitness for the job classification. During the job examination period, the appointing power shall prepare written evaluations of the candidate's performance in accordance with board rule. The final evaluation shall contain a recommendation as to whether or note to appoint the candidate to an appropriate position where civil service status may accumulate.
- 19242.9. Upon failure of the appointing power to terminate the appointment of the candidate within 30 days following the end of the job examination period, it shall be presumed that the candidate has qualified in the examination.
- 19243. Upon successful completion of the job examination period, the candidate shall have qualified in the examination. With the approval of the board, the appointing power may appoint the candidate, without further examination, to an appropriate position where civil service status may accumulate.
- 19243.2. With the approval of the board, the appointing power may shorten or extend the duration of the job examination period.
- 19243.4. Upon unsuccessful completion of the job examination period, the appointing power may terminate the appointment of the candidate in accordance with board rule.

Article 3. Appeals

- 19244. Applicants for and candidates in the Limited Examination and Appointment Program examination process may appeal in accordance with board rule any of the following actions.
- (a) A refusal to certify eligibility to participate in the program.
- (b) A rejection of an application to participate in an examination.
- (c) A disqualification by an interview panel or by any other selection method used.
- (d) A denial of a request for reasonable accommodation during the job examination period.
- (e) A termination of an appointment of a candidate during a job examination period.

(Amended by Stats. 1990, Ch. 478.)

New Language to be Changed to comply with Fair Employment & Housing Act (FEHA) under California Code of Regulations Section 470.1 Definition

[&]quot;Individual with a Disability" means, with respect to an individual:

- 1) having a physical or mental impairment or medical condition that limits one or more major life activities;
- 2) has a record or history of such impairment or medical condition; or
- 3) is regarded as having such an impairment or medical condition.

Title 2

State Personnel Board

Article 28. Limited Examination and Appointment Program

§ 547.50. Scope.

- (a) This article shall apply to the alternative category of civil service examination and appointment established for the hiring of individuals with disabilities defined by Section 10. For purposes of this article, the alternative category shall be known as the "Limited Examination and Appointment Program" and referred to as LEAP in the remainder of this article.
- (b) Participants in LEAP who receive a temporary appointment to a job classification established to assess their ability to perform in the regular civil service class shall have the same status as regular civil service employees with temporary appointments.
- (c) All board regulations shall apply to persons participating in LEAP unless such regulations are in conflict with regulations in this article. If there is such a conflict, the regulations in this article shall apply.

Note: Authority cited: Sections 18701 and 19241, Government Code. Reference: Section 19240-19244, Government Code; and Public Health and Welfare Code, Title 42, Chapter 126, Sections 12101-12117 (American with Disabilities Act of 1990. [ADA]).

HISTORY

- 1. New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).
- 2. Change with regulatory effect amending subsections (a) and (c) filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).
- 3. Amendment of subsection (a) and NOTE filed 10-20-94; operative 11-21-94 (Register 94, No. 42).

§547.51. LEAP Eligibility Criteria

- (a) Only those applicants who possess the following shall be eligible to participate in the LEAP process:
- 1) Written Verification from the California Department of Rehabilitation certifying that the applicant meets the definition of an individual with a disability contained in Section 10; and

- 2) The education and experience requirements established by the board for participation in a LEAP classification examination.
- (b) Where there is disagreement concerning the applicant's medical qualifications to be LEAP certified as specified in Section (a)(1), the executive officer shall determine the appropriateness of the certification based on the medical evidence submitted.

NOTE: Authority cited: Sections 18701 and 19421, Government Code. Reference: Sections 18931, 19241 and 19242.2, Government Code; and Public Health and Welfare Code, Title 42, Chapter 126, Sections 12101-12117 (Americans with Disabilities Act of 1990 [ADA]).

HISTORY

- 1) New Section filed 5-17-89; operative 6-1-89 (Register 89, No21),
- 2) Amendment filed 2-21-92; operative 3-23-92 (Register 92, No. 12).
- 3) Change without regulatory effect amending subsection (a) filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).
- 4) Amendment of subsection (a)(1) and NOTE filed 10-20-94; operative 11-21-94 (Register 94, No. 42).

§ 547.52. LEAP Readiness Evaluations.

The education, experience and personal qualifications LEAP applicants who meet the eligibility requirements of Section 547.51 shall be evaluated by competitive examination to determine readiness for appointment. Those applicants who are ready for immediate employment in a LEAP classification shall be placed on the referral list specified in Government Code Section 19242.2.

NOTE: Authority cited: Section 18701 and 19241, Government Code. Reference: Sections 19242 and 19242.2, Government Code.

HISTORY

- 1) New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).
- 2) Change with out regulatory effect amending section filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).
- 3) Amendment of section heading and section filed 7-14-98; operative 7-14-98 pursuant to Government Code section 11343.4 (d) (Register 98, No. 29).

§ 547.53. Appointment to a LEAP Classification

- a) Appointment to a LEAP classification shall be restricted to those who meet the criteria in Sections 547.51 and 547.52 and who are selected from a referral list as described in Section 19242.2, Government Code.
- b) LEAP eligibles shall remain on the referral list until they are appointed from the list or the list is abolished.

NOTE: Authority cited: Section 18701 and 19241, Government Code. Reference: Section 19242.4, Government Code.

HISTORY

- 1) New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).
- 2) Change without regulatory effect amending subsection (a) filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).

§ 547.54 LEAP Job Examination Period.

- a) Appointment to a LEAP classification constitutes the beginning of a LEAP job examination period. The length of the LEAP job examination period shall be one-third the length of the probationary period of the permanent civil service class to which it is expected that the LEAP candidate will be appointed upon satisfactory completion of the LEAP job examination period unless extended under the provisions of Section 547.55 (a) or reduced under the provisions of Section 547.55 (b).
- b) Each LEAP candidate, upon appointment, shall be provided by the appointing power with written information which shall identify the specific knowledge, skills and abilities that are to be assessed in order to determine during the LEAP job examination period the candidate's ability to perform the duties of the permanent civil service classification to which appointment is sought.
- c) The executive officer shall determine the appropriate test of fitness for each LEAP classification. This test of fitness shall provide the LEAP candidates with sufficient opportunity to demonstrate that they possess the satisfactory level of knowledge, skill and ability to effectively perform the duties of the regular civil service classification to which appointment is sought.
- d) During the prescribed LEAP job examination period, the appointing power shall evaluate each LEAP candidate's ability to perform satisfactorily the duties of the regular civil service classification to which appointment is sought. LEAP candidate shall receive a written report of evaluation from the appointing power no less than once every four weeks.

NOTE: Authority cited: Sections 18701 and 19241, Government Code. Reference: Sections 19242.4 and 19242.8, Government Code.

HISTORY

- 1) New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).
- 2) Change without regulatory effect amending subsection (a) filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).

§ 547.55. Extension or Reduction in Job Examination Period.

- a) When the executive officer determines that the LEAP candidate has not been given the opportunity to demonstrate knowledge, skill and ability in a specific area identified in Section 547.54(b), the LEAP job examination period shall be extended for a period determined appropriate by the executive officer. Such extensions shall not result in the appointment exceeding the nine-month limit specified in Article VII of the State Constitution.
- b) The LEAP job examination period specified in Section 547.54(a) shall be reduced if the executive officer determines that all of the following apply:

- 1) The LEAP candidate held a position in state civil service during twelve-month period prior to the effective date of the LEAP appointment; and
- 2) The duties performed in the position in (1) above were equivalent in level of responsibility and requirements of knowledge, skills and abilities to the duties of the position to which the LEAP candidate will be appointed upon completion of the LEAP job examination period; and
- 3) The position in (1) above was held by the LEAP candidate for a period of time that equals or exceeds the LEAP job examination period specified in Section 547.54(a); and
- 4) The LEAP candidate has written evidence of satisfactory performance in all aspects of the position in (1) above; and
- 5) The LEAP candidate's current appointing power requests that the LEAP job examination period be reduced.
- c) If all conditions specified in (b) above are met, the job examination period shall be reduced to a period determined appropriate by the executive officer.

NOTE: Authority cited: Sections 18701 and 19241, Government Code. Reference Sections 19242.4 and 19243.2, Government Code.

HISTORY

New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).

Change without regulatory effect amending section heading and subsections (a), (b) and (b)(3) filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).

§ 547.56. Transition from LEAP Position to Regular Civil Service Position.

- (a) The executive officer shall approve the LEAP candidate appointment to the regular civil service classification that corresponds to the LEAP classification if the following conditions are met:
- 1) The job examination period specified in Section 547.54(a) has been successfully completed; and
- 2) The appointing power submits verification to the executive officer that the LEAP candidate has successfully completed the LEAP job examination period.
- (b) If, within 30 days of the end of the job examination period, the appointing power does not either extend the candidate's job examination period in accordance with Government Code Section 19243.2 or terminate the candidate's appointment in accordance with Government Code Section 19243.4, the candidate shall be presumed to have qualified in the examination and shall be appointed to the regular civil service classification effective the day following the last day of the job examination period.

NOTE: Authority cited: Sections 18701 and 19241, Government Code. Reference: Sections 19242.9, 19243, 19243.2, and 19243.4, Government Code.

HISTORY

- 1) New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).
- 2) Amendment of subsection (a)(1), (b) and NOTE filed 2-21-92; operative 3-23-92 (Register 92, No. 12).

3) Change without regulatory effect amending subsection (a)(1) filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).

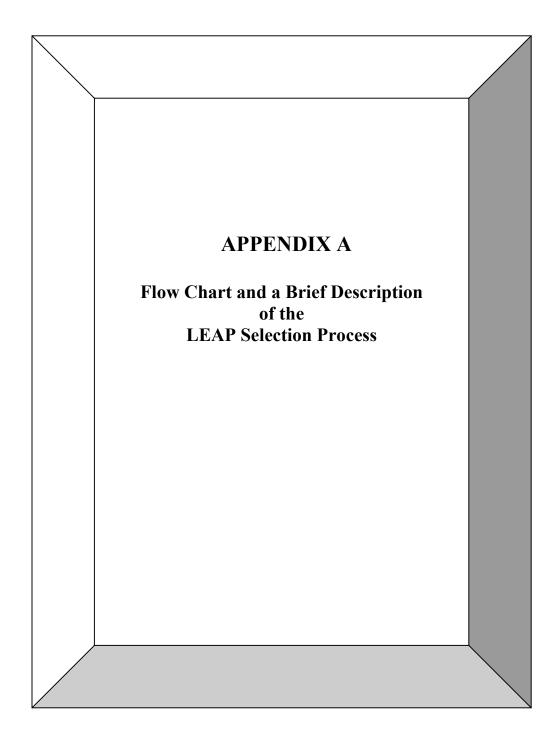
§ 547.57. Termination During Job Examination Period

- a) A LEAP candidate's appointment shall be terminated by the appointing power during or no later than 30 days following completion of the LEAP job examination period for failure to meet conditions for appointment provided in Section 547.53; failure to satisfactorily demonstrate the level of knowledge, skill and ability required by Section 547.54; for other reasons relating to the candidate's qualifications; for the good of the service; or for failure to demonstrate merit, efficiency, fitness including medical condition, or moral responsibility; but he or she shall not be terminated for any cause constituting prohibited discrimination as set forth in Government Code Sections 19700 to 19703, inclusive.
- b) A LEAP candidate whose appointment is terminated shall be given written notice by the appointing power of the proposed action at least five working days prior to the effective date of the termination. Such notice shall specify the reasons for the termination, the right to respond to the appointing power and the right to appeal the action to the State Personnel Board under the provisions of Sections 51-54.2.
- c) An appeal from termination shall be assigned to the hearing office process as defined in Section 52. The provisions of Government Code Sections 19574.1, 19574.2, 19579, 19580, 19581, and 19581.5 shall apply in the disposition of an appeal.
- d) To resolve the appeal, the board shall do one of the following:
- 1) Affirm the action of the appointing power.
- 2) Modify the action of the appointing power.
- 3) Restore the name of the appellant to the LEAP referral list from which appointed.
- 4) Restore the appellant to the position from which he or she was terminated, this shall be done only if the board determines, after hearing, that there is no substantial evidence to support the reason or reasons for termination, or that the termination was made in fraud or bad faith. At any such hearing, the appellant shall have the burden of proof; subject to rebuttal by him or her, it shall be presumed that the termination was free from fraud and bad faith and that the statement of reasons therefor in the notice of termination is true.
- e) If the board restores a terminated LEAP candidate to his or her position, it shall direct the payment of salary to the employee for such period of time as the termination was improperly in effect as prescribed in Government Code Section 19180.
- f) The board, by decision or upon written request of a LEAP candidate whose appointment is terminated for reasons relating to the LEAP candidate's ability to demonstrate the knowledge, skill, and ability required by Section 547.54 and who is legally eligible for appointment in accordance with Section 547.53, shall restore the name of the LEAP candidate to the LEAP referral list from which appointed for the remaining period of eligibility.

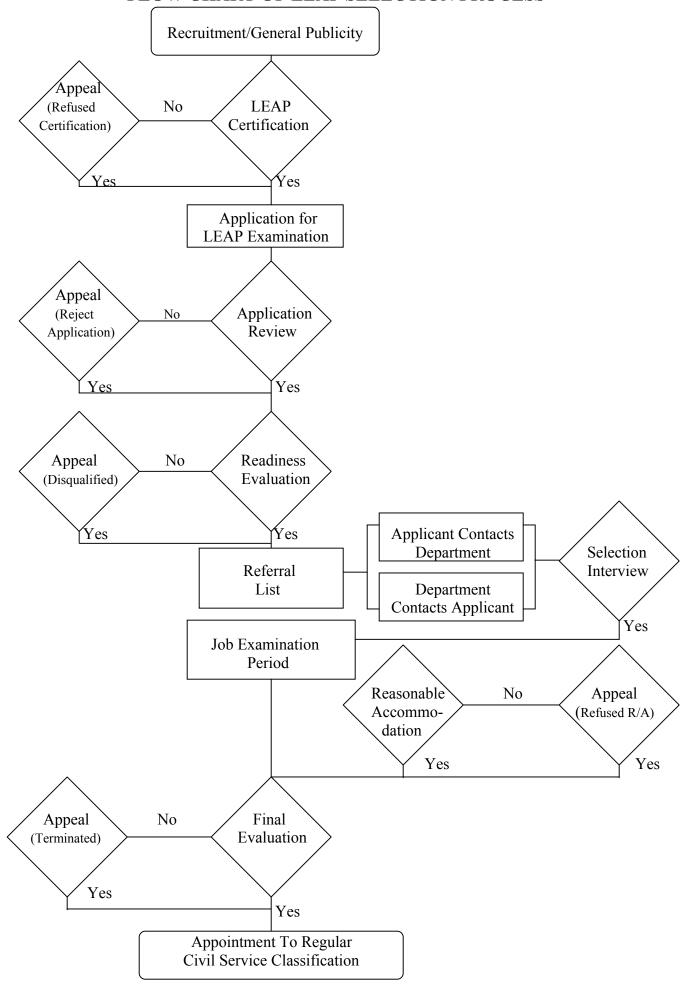
NOTE: Authority cited; Sections 18701 and 19241, Government Code. Reference: Sections 19180, 19243.4, 19244, 19574.1, 19574.2, 16579, 19580, 19581, and 19581.5, Government Code.

HISTORY

- 1) New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).
- 2) Amendment filed 2-21-92; operative 3-23-92 (Register 92, No. 12).
- 3) Change without regulatory effect amending section filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).



FLOW CHART OF LEAP SELECTION PROCESS



LEAP SELECTION PROCESS

The LEAP selection process is a **two-part examination** consisting of a Readiness Evaluation and a Job Examination Period.

RECRUITMENT:

1. General Publicity

Individual obtains a LEAP Brochure that includes a list of LEAP job titles from the SPB or other recruitment sources. Individual also obtains appropriate LEAP examination announcements and State application forms.

Other recruitment sources include the Department of Rehabilitation, the Employment Development Department, two-year and four-year colleges, veteran organizations, and community organizations serving persons with disabilities.

2. Disability Certification

Individual gets letter from doctor and contacts the nearest Department of Rehabilitation office to schedule appointment for LEAP certification.

If the individual has a qualifying disability, the Rehabilitation Counselor certifies eligibility for LEAP and signs the LEAP certification form for the individual.

If the individual does not have a qualifying disability, the Rehabilitation Counselor will explain why the individual is not eligible for LEAP.

Individual may appeal the Rehabilitation Counselor's refusal to certify eligibility for LEAP to the LEAP Coordinator in the Department of Rehabilitation. The LEAP Coordinator will review medical evidence of a disability and sign the LEAP certification form if the individual is eligible. If the person does not meet eligibility criteria for LEAP, a written notification will be mailed to the individual. The notification must inform the individual that he or she may file a written appeal with the State Personnel Board's Appeal Division within 30 days after receiving the notice.

3. Application for Job Classification

Applicant completes a State application form, attaches a copy of the LEAP Certification form, and submits them to the appropriate LEAP testing office for each job classification.

READINESS EVALUATION:

4. Application Review

Staff in the testing office review applications to determine if applicants meet minimum qualifications for each job classification and have a LEAP Certification form.

If applications are accepted, applicants are scheduled for a readiness evaluation.

If applicants are rejected, applicants are notified and given a reason for the rejection.

Applicants may appeal rejection of his or her application. Applicants may only need to provide additional information to be admitted to the readiness evaluation interview. Applicants may need to submit a formal appeal to the SPB Appeals Division. Decision of the five-Member Board is final.

5. Readiness Evaluation

Applicants who meet the education, experience and personal qualifications of LEAP shall be evaluated by a competitive examination to determine readiness for appointment. Those applicants who are ready for immediate employment in a LEAP classification shall be placed on the referral list. Applicants will receive a "Notice of Results" within approximately 8 weeks.

If applicants are successful, their names are placed on the appropriate LEAP referral list.

If applicants are not successful, they may reapply for the readiness evaluation after one year. Applicants may be scheduled for a readiness evaluation for each class only once during any 24 month period.

Applicants may appeal disqualification from the readiness evaluation. Applicants will need to submit a formal appeal to the SPB Appeals Division. Decision of the five-Member Board is final.

6. Referral List

Candidates on LEAP referral lists are eligible for employment for 24 months. Candidates who want to maintain their eligibility beyond 24 months must reapply for a readiness evaluation before the end of 24 months.

JOB EXAMINATION PERIOD:

7. Referral Contacts

Departmental staff will identify vacant positions in classes that have LEAP Candidate lists. LEAP is only one of the options available to departments for filling positions. Staff may order LEAP certification lists through the automated certification system, which will automatically issue a LEAP referral list or by contacting staff in SPB's Certification Unit.

"Rule of the List" allows departments to consider any candidate on a LEAP list. "Rule of the List" also allows a LEAP candidate the opportunity to apply directly to departments for consideration when vacancies occur.

Departmental staff may contact candidates by telephone or by sending them an "Employment Inquiry". Candidates who respond may be scheduled for a selection interview.

Staff may request that names be placed inactive on a particular list when candidates do not respond to contacts. Candidates will be notified of this type of action. Any candidate may send a letter to the SPB Certification Unit to have their name placed inactive, or active again, during their 24 months of eligibility on a LEAP list.

8. <u>Selection Interview</u>

Department staff conducts selection interviews for the individuals scheduled. This may include LEAP candidates, non-LEAP applicants, or a combination of both.

Departments may test for proficiency skills required for a job classification during the selection interview process or during the JEP.

When a department gives the proficiency test during the selection interview process and a candidate does not pass, the department may inform the SPB certification staff to withhold the candidate from referral to that department only. Candidates will be notified of this type of action. Candidates may have the withhold removed by sending a request with a copy of a certificate of proficiency to the SPB Certification Unit.

Staff may request that names by placed inactive on a particular list when candidates do not appear for a scheduled interview. Candidates will be notified of this type of action. Any candidate may send a letter to the SPB Certification Unit to be placed inactive, or active again, during their 24 months of eligibility on a LEAP list.

9. Job Examination Period

Departmental staff will select an individual and make an offer of employment. If the individual accepts the offer and completes the medical clearance process successfully, staff will appoint the individual to the LEAP Candidate class. As a LEAP candidate, the new employee has temporary status during an on-the-job examination, known as the Job Examination Period (JEP).

The supervisor will assess the skills and abilities of the LEAP candidate during the JEP. Monthly evaluations will be based on the critical class requirements of the job classification.

The supervisor will evaluate the LEAP candidate for one-third of the length of probation for the job classification. A candidate who works less than a 40-hour week will be evaluated for the equivalent amount of time as one who does work a 40-hour week. The supervisor may request an extension of time or reduction in time. The departmental LEAP Coordinator will submit such requests to the Statewide LEAP Coordinator at SPB.

The supervisor may discuss the need for reasonable accommodations to assist the candidate in performing the essential functions of the job classification.

If a reasonable accommodation is needed, the department will provide the accommodation and the supervisor will evaluate performance of the candidate after the accommodation has been made.

If a request for accommodation is refused, the department will explain the reasons for not providing accommodations.

Candidates may appeal refusal to provide reasonable accommodations. Candidates will need to submit a formal appeal to the SPB Appeals Division. Decision of the five-Member Board is final.

10. Final Evaluation

Supervisors will submit a final evaluation to the departmental LEAP Coordinator with a recommendation to appoint a candidate to the parallel class or to terminate a candidate. The coordinator will review the evaluations and submit the decision of the department with all of the evaluations to the Statewide LEAP Coordinator at SPB.

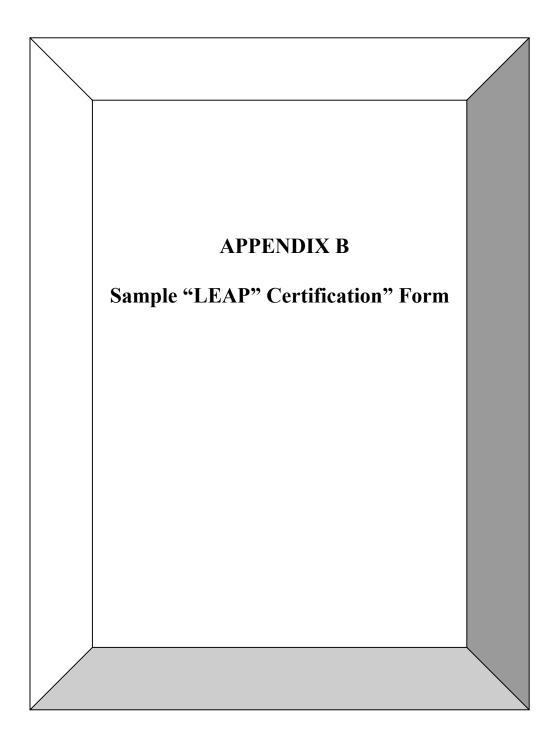
If the request to transition the candidate to the parallel civil service class is appropriate, the Statewide LEAP Coordinator at SPB sends an approval memo for the department to keep on file for audit and a copy for the candidate as proof of completing the JEP.

If the decision is to terminate the candidate, the department will give the candidate five days notice prior to the effective date of the termination. The Statewide LEAP Coordinator at SPB will send a memo acknowledging the notice of termination for the department to keep on file for audit.

Candidates may appeal the termination from an on-the-job examination. Applicants will need to submit a formal appeal to the SPB Appeals Division. Decision of the five-Member Board is final. Names of candidates may be placed back on the LEAP list.

11. Appointment to Job Classification

Department staff will appoint successful candidates to the parallel class. The candidates will begin their probationary period as a civil service employee.



STATE OF CALIFORNIA **LEAP CERTIFICATION**

DR 10 (Rev. 10/01) Computer Generated (Page 1 of 2)

IMPORTANT: See instructions on Page 2 (Applicant should retain the original for his/her records)

Applicant's Name (Please Pr	int/Type)				
This is to certify that the abov Limited Examination and App	-		n in the		
I certify this individual as (che	ck one):				
 Having a physical or mental impairment or medical condition which limits one or more major life activities of such individual; or Having a record or history of such impairment or condition; or Being regarded as having such an impairment or condition. 					
Department of Rehabilitation Disability Codes: (write in the four-digit disability code)					
Applicant understands that in Security number will be share program eligibility and affirmations.	ed with the S	State Personnel Board for pur			
	·	Certifier's Name (Please Prir	nt/Type)		
Applicant's Social Security No	umber	Certifier's Title/Name of Age	ncy		
Applicant's Address		Certifier's Address			
City	Zip Code	City	Zip Code		
Applicant's Telephone Numb	er	Certifier's Telephone Number			
Applicant's Signature Da <i> </i>	te Signed	Certifier's Signature Da	te Signed		

LEAP CERTIFICATION

DR 10 (Rev.10/01) Computer Generated (Page 2 of 2)

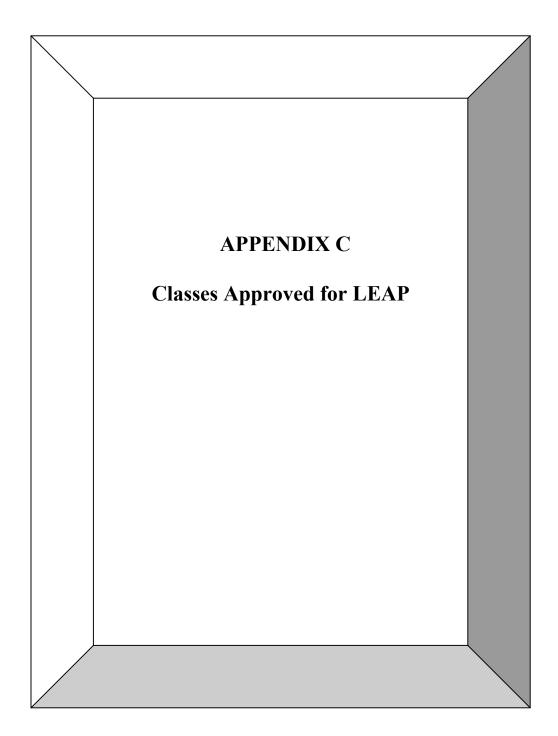
IMPORTANT: See Certification on Page 1

STEPS TO FOLLOW - LIMITED EXAMINATION AND APPOINTMENT PROGRAM (LEAP)

- Step 1 **CERTIFICATION**: Have your eligibility for LEAP determined by the Department of Rehabilitation. If eligible, you will be given a LEAP Certification form, which is valid indefinitely.
- Step 2 **RESEARCH LEAP CLASSES**: Identify the job classifications for which you qualify and whether examinations are currently scheduled. When examinations are scheduled, bulletins containing examination information, minimum qualifications and final filing dates are available at the State Personnel Board (SPB), Employment Development Department, Department of Rehabilitation or from the SPB website on the internet at: http://www.spb.ca.gov
- Step 3 **APPLICATION**: When examinations for which you qualify are announced, fill out a State Examination Application (STD. 678) for each job classification. Write <u>LEAP</u> next to the job title on the application. Attach a <u>copy</u> of your LEAP certification to each application and send it to the SPB or the department listed on the job bulletin as administrating the examination.
- Step 4 **LEAP EXAMINATION Part 1**: Your education, experience and personal qualifications will be evaluated through a competitive examination process to determine your readiness to work. The type of examination will be described on the examination bulletin.
- Step 5 **EXAMINATION RESULTS**: In approximately six (6) weeks you will receive a notice of your examination results by mail. When you are successful, your name will be placed on a referral list. Anyone may be appointed from the referral list (regardless of ranking) to participate in Part 2 of the LEAP Examination (Step 7 below).
- Step 6 **JOB APPLICATION AND INTERVIEW FOR ACTUAL JOBS**: Once you are on a referral list for a particular job classification, State departments may contact you, or YOU can contact them about job openings, for which you will submit another State Examination Application. When you are invited for a hiring interview, you will have the opportunity to convince a department that you are the best person for that job. When applying for job openings, attach a copy of your LEAP Notice of Examination Results. <u>DO NOT</u> send a copy of your LEAP Certification Form.
- Step 7 **LEAP EXAMINATION Part 2**: If hired, it will be on a temporary basis while you serve a two (2) to four (4) month on-the-job performance evaluation. If you meet performance standards, you pass your examination.
- Step 8 APPOINTMENT TO CIVIL SERVICE JOB CLASSIFICATION: After successful completion of Step 7 above, you will be appointed to a civil service job classification. The appointment could be permanent or limited term, depending on the position. You will then start the standard probationary period for that class.

LEAP Brochures are available from: State Personnel Board, 801 Capitol Mall, P.O. Box 944201, Sacramento, CA 94244-2010; (916) 653-1705, Ext. 5 or TTY (916) 445-2689

If you change your name, address or area where you will accept a job, you must write to the "Certification Unit" at SPB with the updates.



CLASSES APPROVED FOR LEAP

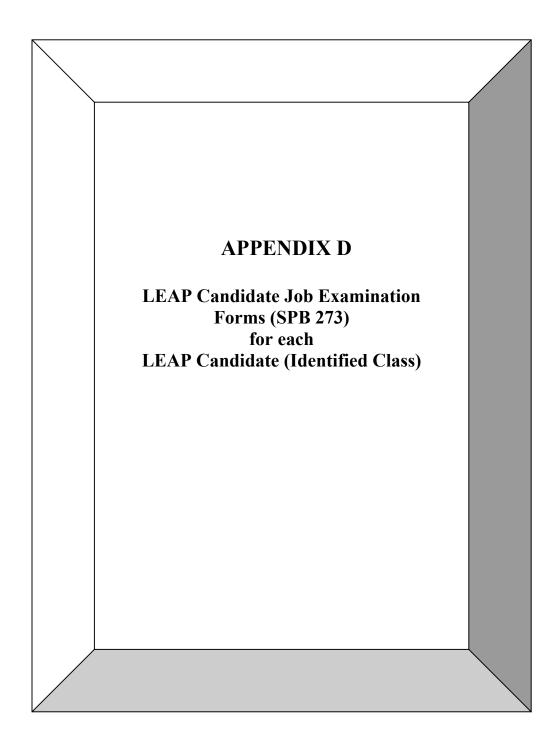
	LEAP	LEAP Class		Identified Class		
LEAP Candidate Class	Code	JEP	Class Code	Schem Code		
Academic Teacher (Various Specialties) CF	4687-1-12	4				
Arts & Crafts			2284	EB22		
Business Education			2285 22 8 7	EB32 EB42		
Elementary School High School			2290	EB51		
Home Economics			2291	EB62		
Librarian			2298	EB67		
Music			2294	EB82		
Recreation & PE			2295	EB72		
Account Clerk II	4687-1-03	2	1733	CU70		
Accountant Trainee	4687-1-26	4	4179	JL35		
Accounting Technician	4687-1-02	2	1741	CU80		
Assistant Information Systems Analyst	4687-1-06	4	1479	LM96		
Auditor I	4687-1-08	4	4175	JB60		
Benefit Program Specialist I (PERS)	4687-1-48	4	6410	JR56		
Building Maintenance Worker	4687-1-34	2	6215	_PB10		
Business Taxes Representative	4687-1-18	4	8690	JH88		
Carpenter I	4687-1-31 CF	2	6476 6483	PN40 PN45		
Computer Operator	4687-1-27	4	1353	LN40		
Custodian	4687-1-28 CF	2	2011 2006	DC40 DC45		
Disability Insurance Program Representative	4687-1-49	4	9233	WE65		
Electronics Technician	4687-1-33 CF	2	6913 6916	QP10 QP15		
Employment Program Representative	4687-1-48	4	9194	WB35		
Energy Analyst	4687-1-11	4	5837	BJ95		
Environmental Scientist I	4687-1-23	2	0762	BH70		
Fair Employment & Housing Consultant I	4687-1-41	. 4	9513	WR25		
Food Service Worker I	4687-1-38	2	2194	DK60		
Graduate Legal Assistant	4687-1-19	4	5797	.OA60		
Groundskeeper	4687-1-29 CF	2	0731 0743	BL60 BL65		

CLASSES APPROVED FOR LEAP

	LEAP Class		ldentifie	d Class
LEAP Candidate Class	Code	JEP	Class Code	Schem Code
Information Systems Technician	4687-1-21	4	1360	LN48
Key Data Operator	4687-1-13	2	1419	CJ50
Laboratory Assistant	4687-1-16	2	7884	SU05
Mailing Machines Operator I	4687-1-39	2 ,	1779	CK03
Maintenance Mechanic	4687-1-35 CF	2	6940 6941	QA10 QA15
Office Assistant (General)	4687-1-09	2	1441	CA55
Office Assistant (Typing)	4687-1-10	2	1379	CA52
Office Technician (General)	4687-1-46	2	1138	CA48
Office Technician (Typing)	4687-1-47	2	1139	CA46
Painter I	4687-1-30 CF	2	6526 6528	PQ90 PQ92
Park Maintenance Assistant	4687-1-36	2	6766	QG95
Program Technician	4687-1-14	2	9927	CZ81
Programmer I	4687-1-43	4	1382	LM34
Research Analyst I (Various Specialties) General Social/Behavioral Economics Demographics	4687-1-44	4	5729 5859 5791 5807	LQ20 LQ22 LQ23 LQ24
Staff Counsel	4687-1-20	4	5778	QA72
Staff Services Analyst	4687-1-07	4	5157	3Y20
Staff Services Management Auditor	4687-1-04	4	5841	LE30
Supervising Cook I	4687-1-32	2	2181	DJ20
Transportation Engineer, Civil	4687-1-24	4	3135	GH59
Transportation Planner	4687-1-25	4	4768	JX77
Vocational Instructor (Various Specialties) CF Auto Body & Fender Repair Auto Mechanics Dry Cleaning Work Electronics Landscape Gardening Upholstering Welding	4687-1-37	4	2396 2398 2425 2428 2601 2675 2677	ED52 ED62 EF42 EF62 EG62 EI82 EI92

CLASSES APPROVED FOR LEAP

	LEAP	LEAP Class		Identified Class		
LEAP Candidate Class	Code	JEP	Class Code	Schem Code		
Word Processing Technician	4687-1-01	2	1181	CC85		
vvoru Processing recrinician	4007-1-01		1101	0003		
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•			<u>, , , , , , , , , , , , , , , , , , , </u>			
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7						



 30 day	60 day	
90 day	120 day	

___ 90 day ___ 120 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-12 (8/05)

Department:	Da	ate:		
Work Location Address (include Zip Code):	So	cial Secur	ity Number	r:
Name of Leap Candidate:		me Base: Intermitte	ent* Pa	ll Time art Time
Class Title: Leap Candidate		f time base ach timesh	e is intermi	ttent,
IACADEMIC TEACHER (VARIOUS SPECIALT Date of Appointment to LEAP Candidate Class:	I L D / I		mpletion [Date
		MM/DD/YY		
Supervisor:	Ph	ione:		
Critical Class Requirements of Identified Class: Demonstrate ability to:	Ou sta	ut- unding	Satis- factory	Needs improve
1. Apply principles, methods and techniques of teaching to subject matter to clients/inmates within a classroom setting.	•			
2. Develop an instructional program designed to motivate cl to learn useful and practical skills.	ients/inmates			
3. Supervise and maintain proper conduct and control of clie in the classroom.	ents/inmates			
4. Provide remedial instruction to clients/inmates who have deficiencies.	learning			
5. Assist clients/inmates to develop socially acceptable attitude progress through course material.	udes as they			
6. Work effectively in a team with professionals from other properly assess and evaluate client/inmate progress.	disciplines to			
7. Prepare clear and concise reports.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appoi	ntment			
No Request Extension of Job Trial Pe Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUSTI	P Candidate	OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR				EE WITH
Leap Candidate Signature:	Supervisor Signature:			

___ 30 day ___ 60 day Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-03 (08/05)

Department:	Date:	
Work Location Address (include Zip Code):	Social Security Number:	
Name of Leap Candidate:	Time Base: Full Tim Intermittent* Part Tim	
Class Title: Leap Candidate (ACCOUNT CLERK II)	*If time base is intermittent, attach timesheets	
Date of Appointment to LEAP Candidate Class:	Expected Completion Date	
Supervisor:	(MM/DD/YY) Phone:	
Critical Class Requirements of Identified Class:	Out- standing factory impr	
Demonstrate ability to:		
1. Maintain a set of financial, statistical and/or other records	3.	
2. Make rapid and accurate arithmetical computations.		
3. Operate office machines.		
4. Follow procedures to perform one or more of the following	ng:	
a. Prepare and check payrolls and/or invoices.		
b. Post, verify, balance and/or adjust accounts.		
c. Schedule, index, and file bills, vouchers, documents a papers.	.nd/or other	
d. Prepare accounting and/or statistical reports.		
Supervisor Comments:		
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	intment	
Yes Request Approval of Permanent Appoin	ntment	
No Request Extension of Job Trial Pe	eriod	
Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUSTII		
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	/ SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITI	Н
Leap Candidate Signature:	Supervisor Signature:	

 30 day	60 day
90 day	120 day

___ 90 day ___ 120 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-26 (8/05)

Department:		Date:		
Work Location Address (include Zip Code):		Social Security Number:		
Name of Leap Candidate:		Time Base: Full Tim Intermittent* Part Tin		
Class Title: Leap Candidate		*If time bas		ittent,
(ACCOUNTANT TRAINEE)		attach times		
Date of Appointment to LEAP Candidate Class:		Expected Co		Date
Supervisor:		Phone:	_	
		Out-	Satis-	Needs
Critical Class Requirements of Identified Class:		standing	factory	improve
Demonstrate ability to:				
1. Use knowledge of business law and apply general account principles and procedures to establish and maintain depart accounts and records.	_			
2. Learn specialized agency activities, departmental systems fiscal control activities necessary to perform less difficult work.				
3. Analyze data and situations accurately, draw sound concluded adopt effective courses of action.	usions and			
4. Prepare clear, complete and concise reports.				
5. Establish and maintain cooperative relations with those cocourse of work.	ontacted in the			
Supervisor Comments:				
Supervisor Comments.				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoin	ntment			
No Request Extension of Job Trial Pe	riod			
Recommend Termination of LEAF (SUPERVISOR COMMENTS MUST INCLUDE JUSTI	Candidate	ANY OF THI	E ABOVE)
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR				
Leap Candidate Signature:	Supervisor Signat	ure:		

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-02 (8/05)

Department:	D	Date:		
Work Location Address (include Zip Code):	S	locial Secur	rity Number	r:
Name of Leap Candidate:	T	ime Base: _ Intermitte		ll Time art Time
Class Title: Leap Candidate	*	If time base	e is intermi	ttent,
(ACCOUNTING TECHNICIAN)		ttach timesl		
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)		
Supervisor:	P	hone:		
		Out-	Satis-	Needs
Critical Class Requirements of Identified Class:	st	tanding	factory	improve
Demonstrate ability to:				
1. Express ideas and give instructions effectively.				
2. Operate common office appliances used in financial record	-keeping.			
3. Make arithmetical computations rapidly and accurately.				
4. Apply rules and regulations to specific cases.				
5. Analyze data and draw logical conclusions.				
Supervisor Comments:				
Supervisor Comments.				
Einel Evaluation Only: LEAD Condidate Deadings for Dermanant Annain	tmant			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoint				
Yes Request Approval of Permanent Appoint				
No Request Extension of Job Trial Peri Recommend Termination of LEAP	Candidate	V OF THE	A DOME)	
(SUPERVISOR COMMENTS MUST INCLUDE JUSTIFI	CATION FOR AN	Y OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY S THE COMMENTS MADE BY MY SUPERVISOR	IGNATURE DOES NO	T SIGNIFY T	THAT I AGRE	EE WITH
Leap Candidate Signature:	Supervisor Signature	e:		

30 day	60 day
90 day	120 day

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-06 (8/05)

___ 90 day ___ 120 day
Evaluation after approved extension____

Department:	Da	ate:		
Work Location Address (include Zip Code):	So	Social Security Number:		
Name of Leap Candidate:	Ti	ime Base: Intermitte		Il Time art Time
Class Title: Leap Candidate		If time base		ttent,
(ASSISTANT INFORMATION SYSTEMS ANAL Date of Appointment to LEAP Candidate Class:	101,	tach timesh xpected Co		Date
	((MM/DD/YY)		
Supervisor:	Pł	hone:		
		ut-	Satis-	Needs
Critical Class Requirements of Identified Class: Demonstrate ability to:	sta	anding	factory	improve
·				
1. Analyze data and situations.				
2. Identify and solve problems, reason logically and draw vacconclusions.	lid			
3. Develop effective solutions.				
4. Apply creative thinking in the design of methods of proce with electronic computers.	ssing data			
5. Monitor and resolve problems with information processin hardware, software and processes.	g systems			
6. Establish and maintain effective working relationships wi	th others.			
7. Communicate effectively verbally and in writing.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoin				
No Request Extension of Job Trial Pe Recommend Termination of LEA				
(SUPERVISOR COMMENTS MUST INCLUDE JUSTII		OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NOT	Γ SIGNIFY T	HAT I AGRE	EE WITH
Leap Candidate Signature:	Supervisor Signature	:		

30) day	60 day
90) day	120 day

___ 90 day ___ 120 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-08 (8/05)

Department:	D	ate:			
Work Location Address (include Zip Code):		Social Security Number:			
Name of Leap Candidate:		Time Base: Full Time Part Time			
Class Title: Leap Candidate		*If time base is intermittent, attach timesheets			
(AUDITOR I) Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)			
Supervisor: Ph		Phone:			
Critical Class Requirements of Identified Class: Demonstrate ability to:		ut- anding	Satis- factory	Needs improve	
1. Use knowledge of business law and apply general accounting and auditing principles and procedures to conduct less difficult audits and financial examinations of accounts and records.					
2. Analyze data and situations accurately, draw sound conclusions and adopt effective courses of action.					
3. Prepare concise and clear audit reports and supporting schedules.					
4. Communicate effectively with a variety of people in diffe settings.	rent work				
Supervisor Comments:					
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment				
Yes Request Approval of Permanent Appoin	itment				
No Request Extension of Job Trial Period					
Recommend Termination of LEAF (SUPERVISOR COMMENTS MUST INCLUDE JUSTIE		Y OF THE	ABOVE)		
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NOT	SIGNIFY TH	IAT I AGRE	E WITH	
Leap Candidate Signature:	Supervisor Signature	: :			

SPB 273-18 (8/05)

EVALUATION:

30 day	60 day
90 day	120 day

LEAP CANDIDATE JOB EXAMINATION PERIOD

___ 90 day ___ 120 day
Evaluation after approved extension____

Department:		Date:			
Work Location Address (include Zip Code):		Social Security Number:			
Name of Leap Candidate:		Time Base: Full Time Intermittent* Part Time			
Class Title: Leap Candidate		*If time base is intermittent,			
(BUSINESS TAXES REPRESENTATIVE)		attach timesheets			
		Expected Completion Date (MM/DD/YY)			
Supervisor:	P	Phone:			
Critical Class Bouring and a Chloriff of Class	_	Out-	Satis-	Needs	
Critical Class Requirements of Identified Class:	S	standing	factory	ımprove	
Demonstrate ability to:					
1. Learn, interpret and apply provisions of the tax law, rules regulations to ensure compliance with tax, licensing and of					
2. Communicate effectively with the public and public offici conditions requiring the utmost in tact and good judgment taxpayers in complying with the laws or in collecting delir	to assist				
3. Analyze situations accurately and take effective action.					
4. Prepare clear and concise reports.					
Supervisor Comments:					
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment				
Yes Request Approval of Permanent Appoin	atment				
No Request Extension of Job Trial Period					
Recommend Termination of LEAI (SUPERVISOR COMMENTS MUST INCLUDE JUSTIF		IY OF THE	ABOVE)		
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NO	T SIGNIFY T	HAT I AGRE	EE WITH	
Leap Candidate Signature:	Supervisor Signature	re:			

___ 30 day ___ 60 day Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION SPB 273-34 (8/05)

Department:	D	Date:		
Work Location Address (include Zip Code):	S	ocial Secur	rity Number	r:
Name of Leap Candidate:		Time Base: Full Time Intermittent* Part Time		
Class Title: Leap Candidate		*If time base is intermittent, attach timesheets		
Date of Appointment to LEAP Candidate Class: Expected Co		Expected Co	Completion Date	
Supervisor:		(MM/DD/YY) Phone:		
Supervisor.		none.		
Critical Class Requirements of Identified Class:		Out- tanding	Satis- factory	Needs improve
Demonstrate ability to:		and in g	100001	mipro ve
1. Use proper methods, practices and materials to do a variet				
semiskilled tasks in the maintenance and repair of building	_			
2. Use and care for tools necessary to perform building main repair work.	itenance and			
3. Follow directions to perform one or more of the following	j.			
a. Assist in maintaining and repairing electrical lines and	l fixtures.			
b. Assist in lubricating, regulating and repairing sewage,	water,			
cooling and heating systems lines and equipment.				
c. Assist in repairing roofs, plaster and concrete.				
d. Assist in painting buildings and equipment.				
e. Make simple repairs to furniture, cabinets and flooring	5.			
f. Requisition supplies.				
g. Prepare reports.	1			
h. Instruct, lead or supervise inmates, wards or resident v Supervisor Comments:	vorkers.			
Supervisor Comments.				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoin	ntment			
No Request Extension of Job Trial Per	riod			
Recommend Termination of LEAF				
(SUPERVISOR COMMENTS MUST INCLUDE JUSTIE		Y OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NOT	Г SIGNIFY TI	HAT I AGRE	E WITH
Leap Candidate Signature:	Supervisor Signature	e:		

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-31 (8/05)

Department:	Date:		
Work Location Address (include Zip Code):	Social Security Number:		
Name of Leap Candidate:	Time Base:Intermit		all Time
Class Title: Leap Candidate	*If time bas	se is intermi	ittent,
(CARPENTER I)	attach times		,
Date of Appointment to LEAP Candidate Class:	Expected C (MM/DD/Y		Date
Supervisor:	Phone:		
Critical Class Requirements of Identified Class:	Out- standing	Satis- factory	Needs improve
Demonstrate ability to:			
1. Apply proper principles, methods, materials, tools and equipment to do both rough and finished carpentry work.			
2. Apply knowledge of safety practices in the construction, maintenance and repair of various buildings and structures.			
3. Interpret and work from blueprints, plans and specifications.			
4. Prepare working sketches of carpentry tasks.			
5. Prepare cost estimates of materials and labor.			
6. Keep simple records and prepare reports.			
7. Direct the work of helpers.			
Supervisor Comments:			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment			
Yes Request Approval of Permanent Appointment			
No Request Extension of Job Trial Period			
Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR A	ANY OF THE	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES THE COMMENTS MADE BY MY SUPERVISOR	NOT SIGNIFY	——— ГНАТ I AGRE	EE WITH
Leap Candidate Signature: Supervisor Signa	ture:		

30 day	60 day
90 day	120 day

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-27 (8/05)

Evaluation after approved extension____

Department:	Date:			
Work Location Address (include Zip Code):	Social Sec	Social Security Number:		
Name of Leap Candidate:	Time Base		all Time art Time	
Class Title: Leap Candidate		se is interm	ittent,	
(COMPUTER OPERATOR) Date of Appointment to LEAP Candidate Class:	attach time	esheets Completion 1	Data	
Date of Appointment to LEAF Candidate Class.	(MM/DD/Y		Date	
Supervisor:	Phone:			
Critical Class Description of Identified Class	Out-	Satis-	Needs	
Critical Class Requirements of Identified Class: Demonstrate ability to:	standing	factory	improve	
-	c			
1. Use knowledge of the principles, capabilities and operation computer consoles or machine control panels and periphera				
to perform the less complicated technical duties required to				
to perform the less complicated technical acties required to	support un			
2. Use appropriate methods and procedures to complete key e	-			
control functions in the performance of computer operation	S.			
3. Analyze data and perform arithmetical computations.				
4. Recognize operational problems and develop solutions.				
5. Communicate effectively and maintain cooperative relation others.	s with			
Supervisor Comments:			_	
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoint	ment			
Yes Request Approval of Permanent Appoints	ment			
No Request Extension of Job Trial Period	od			
Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFIC		E ABOVE)		
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY S THE COMMENTS MADE BY MY SUPERVISOR	IGNATURE DOES NOT SIGNIFY	THAT I AGR	EE WITH	
Leap Candidate Signature: S	upervisor Signature:			
-	-			

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION SPB 273-28 (8/05)

Department:	Da	te:			
Work Location Address (include Zip Code):	Soc	Social Security Number:			
Name of Leap Candidate:		ne Base: Intermitt		ıll Time art Time	
Class Title: Leap Candidate (CUSTODIAN)		time bas ach times	se is intermi sheets	ttent,	
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)			
Supervisor:	Pho	one:			
Critical Class Requirements of Identified Class:	Ou star	t- nding	Satis- factory	Needs improve	
Demonstrate ability to:					
 Use knowledge of methods, materials and equipment to k assigned work area clean and orderly. 	eep an				
2. Apply knowledge of safety practices in performing janito	rial work.	·k.			
3. Operate and maintain equipment and machinery.					
4. Assist in moving furniture and equipment.					
Supervisor Comments:					
Final Evaluation Only: LEAP Candidate Readiness for Permanent Apport	ntment				
Yes Request Approval of Permanent Appoin	ntment				
No Request Extension of Job Trial Pe	riod				
Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUSTI)		OF THE	E ABOVE)		
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NOT S	SIGNIFY T	THAT I AGRE	E WITH	
Leap Candidate Signature:	Supervisor Signature:				

California State Personnel Board	EVALUA 30 day			
	90 day	120 day	I	
LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-49 (8/05)		after approve		n
Department:		Date:		
Employment Development Department (EDD)				
Work Location Address (include Zip Code):		Social Secu	rity Numbe	er:
Name of Leap Candidate:		Time Base: Intermitt	ent* Pa	ıll Time art Time
Class Title: Leap Candidate (DISABILITY INSURANCE PROGRAM REPRESENTA)	TIVE)	*If time bas		ittent,
Date of Appointment to LEAP Candidate Class:		Expected C	ompletion I	Date
Supervisor:		Phone:	,	
		Out-	Satis-	Needs
Critical Class Requirements of Identified Class:		standing	factory	improve
Demonstrate ability to:				
1. Interpret and accurately apply written laws, rules, regulat and procedures.	tions, policies			
2. Gather and analyze data and reason logically.				
3. Analyze situations accurately and take effective action.				
4. Communicate effectively in English, both in person and by	hy telephone			
5. Prepare clear and concise written reports and/or oral pres				
6. Provide and maintain cooperative relations and courteous				
service with those contacted in the course of work.				
7. Gain the confidence of employers, job seekers, claimants providers, and community organizations.	, medical			
8. Relate to members of all ethnic and racial groups and be community issues and needs.	sensitive to			
9. Exercise sound judgment, independence and initiative and	d carrying			
out multiple responsibilities, within a team environment.	d carrying			
10. Secure, evaluate, analyze and record facts through an inte	erview			
process and/or from written documents.	CIVICW			
11. Comprehend and effectively execute the operation of auto	omated			
systems utilizing keyboard and personal computer (PC) s				
Supervisor Comments:	KIIIS.			
Supervisor Comments.				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment			
Yes Request Approval of Permanent Appoin	tment			
No Request Extension of Job Trial Per	riod			
Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTIF		NY OF THE	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY S THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES N	OT SIGNIFY T	THAT I AGRE	EE WITH
Leap Candidate Signature:	Supervisor Signatu	ire.		
Leap Candidate Signature.	Supervisor Signatt			

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-33 (8/05)

Department:		Date:		
Work Location Address (include Zip Code):		Social Security Number:		
Name of Leap Candidate:		Time Base:		ıll Time art Time
Class Title: Leap Candidate (ELECTRONICS TECHNICIAN)		*If time bas		ittent,
Date of Appointment to LEAP Candidate Class:		Expected C (MM/DD/Y		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
1. Apply knowledge of basic electronic theory, practices and safety precautions to maintain and repair electrical equipments.	•			
2. Use electrical measuring instruments to service electronic equipment.	and related			
3. Interpret and work from electrical and electronic schematic	c diagrams.			
4. Estimate cost of repairs and order materials and replacement	ent parts.			
5. Analyze situations accurately and take effective action.				
6. Keep simple records and prepare reports.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			_
Yes Request Approval of Permanent Appoin	ntment			
No Request Extension of Job Trial Pe	riod			
Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUSTIE		NY OF THE	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES N	NOT SIGNIFY	ΓΗΑΤ I AGRE	EE WITH
Leap Candidate Signature:	Supervisor Signat	ure:		

30 day	 60 day	
90 day	120 da	v

___ 90 day ___ 120 day
Evaluation after approved extension ____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-48 (8/05)

Department:	Date:			
Employment Development Department (EDD)	Casial Casa	it Niala		
Work Location Address (include Zip Code):	Social Sect	urity Numbe	er:	
Name of Leap Candidate:		Time Base: Full Time Part Time		
Class Title: Leap Candidate		se is intermi	ittent,	
(EMPLOYMENT PROGRAM REPRESENTATIVE)			<u> </u>	
Date of Appointment to LEAP Candidate Class:	(MM/DD/Y	Completion I	Date	
Supervisor:	Phone:			
Critical Class Descriptions of Identified Class.	Out-	Satis-	Needs	
Critical Class Requirements of Identified Class: Demonstrate potential to:	standing	factory	improve	
-				
1. Understand verbal and written instructions.				
2. Follow verbal and written instructions.				
3. Interact effectively with peers and /or customers.	1.1			
4. Communicate effectively in English, both in person	and by			
telephone				
5. Read interpret and apply laws, rules, and regulations				
6. Utilize and navigate between screens on a personal of7. Write clear and concise notes.	omputer.			
	hility			
8. Maintain good attendance, punctuality, and dependa9. Gather, Analyze and record information from custom				
10. Maintain professional and respectful customer service				
10. Maintain professional and respectful customer service	,e.			
Supervisor Comments:				
Supervisor Comments.				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	intment			
Yes Request Approval of Permanent Appoin				
No Request Extension of Job Trial Pe	eriod			
Recommend Termination of LEA	P Candidate			
(SUPERVISOR COMMENTS MUST INCLUDE JUSTI		E ABOVE)		
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NOT SIGNIFY	THAT I AGRE	EE WITH	
Leap Candidate Signature:	Supervisor Signature:			

 30 day	(60 day
90 day		120 day

___ 90 day ___ 120 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-11 (8/05)

Department:		Date:		
Work Location Address (include Zip Code):		Social Secu	rity Numbe	r:
Name of Leap Candidate:		Time Base:Intermitt		Ill Time art Time
Class Title: Leap Candidate		*If time bas		ttent,
(ENERGY ANALYST)		attach times		
Date of Appointment to LEAP Candidate Class:		Expected Co		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:		Summering	luctory	III prove
1. Apply principles and techniques of energy analysis to comassignments in research, planning and evaluation of energy State Government.	•			
2. Consult with management and others to give and secure no information to complete assignments.	ecessary			
3. Use a variety of analytical techniques to resolve energy pr develop recommendations on procedures, policies and pro- alternatives.				
4. Gather, tabulate, and analyze data.				
5. Prepare correspondence and reports.				
Supervisor Comments:				<u> </u>
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment			
Yes Request Approval of Permanent Appoin	tment			
No Request Extension of Job Trial Per	riod			
Recommend Termination of LEAF (SUPERVISOR COMMENTS MUST INCLUDE JUSTIF		NY OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES N	OT SIGNIFY T	HAT I AGRE	E WITH
Leap Candidate Signature:	Supervisor Signat	ure:		

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-23 (8/05)

Department:		Date:		
Work Location Address (include Zip Code):		Social Security Number:		
Name of Leap Candidate:		Time Base: Intermitt		all Time art Time
Class Title: Leap Candidate		*If time bas	e is intermi	ittent,
(ENVIRONMENTAL SPECIALIST I)		attach times		
Date of Appointment to LEAP Candidate Class:		Expected Co (MM/DD/YY		Date
Supervisor:		Phone:	_	
		Out-	Satis-	Needs
Critical Class Requirements of Identified Class:		standing	factory	improve
Demonstrate ability to:				
1. Apply principles of environmental ecology and statistical conduct the less difficult research, investigations and stud environmental issues.				
2. Apply proven techniques and methods to gather data on enactions.	nvironmental			
3. Analyze data and situations, reach sound conclusions and appropriate actions.	take			
4. Prepare clear, complete and technically accurate reports.				
5. Establish and maintain cooperative relations with those coduring the course of work.	ontacted			
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoin	ntment			
No Request Extension of Job Trial Pe	riod			
Recommend Termination of LEAI (SUPERVISOR COMMENTS MUST INCLUDE JUSTIF		NY OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES N	NOT SIGNIFY	ΓΗΑΤ I AGR	EE WITH
Leap Candidate Signature:	Supervisor Signatu	ure:		

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-38 (8/05)

Department:		Date:		
Work Location Address (include Zip Code):		Social Security Number:		
Name of Leap Candidate:		Time Base: Intermitt		ıll Time art Time
Class Title: Leap Candidate		*If time bas		ttent,
(FOOD SERVICE WORKER I)		attach times		
Date of Appointment to LEAP Candidate Class:		Expected Co (MM/DD/YY		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
1. Clean and prepare foods for cooking, serving and/or stora	ge.			
2. Arrange tables and serve meals in an institutional dining a	rea.			
3. Use various types of food service utensils and equipment.				
4. Clean and maintain food service utensils, equipment and v	work areas.			
5. Practice proper safety habits in food service areas.				
6. Work effectively and cooperatively with others.				
7. Direct the work of helpers as needed.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment			
Yes Request Approval of Permanent Appoir	atment			
No Request Extension of Job Trial Per	riod			
Recommend Termination of LEAI (SUPERVISOR COMMENTS MUST INCLUDE JUSTIF		NY OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES N	OT SIGNIFY T	HAT I AGRE	EE WITH
Leap Candidate Signature:	Supervisor Signatu	ıre:		

 30 day	 60 day
90 day	120 day

___ 90 day ___ 120 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-19 (8/05)

Department:	Date:
Work Location Address (include Zip Code):	Social Security Number:
Name of Leap Candidate:	Time Base: Full Time Intermittent* Part Time
Class Title: Leap Candidate	*If time base is intermittent,
(GRADUATE LEGAL ASSISTANT)	attach timesheets
Date of Appointment to LEAP Candidate Class:	Expected Completion Date (MM/DD/YY)
Supervisor:	Phone:
Critical Class Requirements of Identified Class:	Out- Satis- Needs standing factory improv
Demonstrate ability to:	standing factory improv
Use knowledge of legal principles, reference works and tendo routine legal research.	rminology to
2. Analyze situations accurately and adopt an effective course	e of action.
3. Present effective legal arguments.	
4. Prepare correspondence and drafts of legal documents.	
Supervisor Comments:	
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoint	ntment
Yes Request Approval of Permanent Appoints	tment
No Request Extension of Job Trial Period	riod
Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFIED)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY ST THE COMMENTS MADE BY MY SUPERVISOR	,
Leap Candidate Signature:	Supervisor Signature:

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-29 (8/05)

Department:	Date:		
Work Location Address (include Zip Code):	Social Sec	curity Numbe	er:
Name of Leap Candidate:	Time Bas Interm		all Time
Class Title: Leap Candidate		ase is interm	ittent,
(GROUNDSKEEPER)	attach tim		
Date of Appointment to LEAP Candidate Class:	Expected (MM/DD/	Expected Completion Date (MM/DD/YY)	
Supervisor:	Phone:	Phone:	
Critical Class Requirements of Identified Class:	Out- standing	Satis- factory	Needs improve
Demonstrate ability to:		- Included in	impro , c
 Use proper methods of planting, cultivating and caring for trees, shrubs, lawns and flowers. 	hedges,		
2. Use and care for gardening materials, tools and equipment general grounds maintenance work.	to perform		
3. Recognize the more common plant diseases and insect per approved methods and materials to control and eradicate to			
4. Direct the work of helpers as needed.			
Supervisor Comments:			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment		
Yes Request Approval of Permanent Appoin	tment		
No Request Extension of Job Trial Per	riod		
Recommend Termination of LEAR (SUPERVISOR COMMENTS MUST INCLUDE JUSTIF		HE ABOVE)	
CANDIDATE CERTIFICATION			
I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NOT SIGNIFY	THAT I AGRE	EE WITH
Leap Candidate Signature:	Supervisor Signature:		

:	30 day	6	0 day
(90 dav	1	20 day

Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-22 (8/05)

Departr	nent:	Date:		
Work L	ocation Address (include Zip Code):	Social Secur	rity Numbe	er:
Name o	f Leap Candidate:	Time Base: Intermitte		ıll Time art Time
Class T	itle: Leap Candidate	*If time base is intermittent,		
Date of	(INTEGRATED WASTE MANAGEMENT SPECIALIST) Appointment to LEAP Candidate Class:	attach times Expected Co		Date
Date of	Appointment to LEAT Candidate Class.	(MM/DD/		Jaic
Supervi	sor:	Phone:		
Critical	Class Requirements of Identified Class:	Out- standing	Satis- factory	Needs improve
	nowledge of:	2,000-00-00		
1.	Basic principles of scientific research.			
2.	Chemical, biological, physical and environmental sciences.			
3.	Environmental characteristics of waste materials, including handling and disposal, their general effects on human health and the environment, and mitigation measures.			
4.	Statistical methods of analysis.			
5.	Concepts employed in a variety of disciplines including integrated waste management economics, public health and resources management.			
6.	Principles and procedures of integrated waste management, waste prevention and diversion.			
7.	Environmental planning.			
8.	Investigatory methods.			
9.	Integrated waste management activities and programs in both the public and private sectors.			
10	. Federal, State, and local statutes, regulations, legislative and regulatory processes, programs and responsibilities related to solid waste materials.			
11	. Use and reuse of solid waste materials.			
			1	1

30 day	60 day
90 day	120 day

____ 90 day ____ 120 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-21 (8/05)

Department:	Date:	
Work Location Address (include Zip Code): Social Security Number:		
Name of Leap Candidate:	Time Base: Full Time Intermittent* Part Time	
Class Title: Leap Candidate (INFORMATION SYSTEMS TECHNICIAN)	*If time base is intermittent, attach timesheets	
Date of Appointment to LEAP Candidate Class:	Expected Completion Date (MM/DD/YY)	
Supervisor:	Phone:	
Critical Class Requirements of Identified Class: Demonstrate ability to:	Out- standing Satis- factory improve	
1. Use knowledge of electronic computer systems and informat processing procedures, to perform the less complex technica required to support an electronic computer system.		
2. Follow instructions to perform one or more of the following:		
a. Prepare routine directions for processing information.		
b. Prepare job control language statements.		
c. Perform program librarian functions.		
d. Develop written procedures.		
e. Analyze situations and take effective action.		
f. Work effectively and cooperatively with others.		
Supervisor Comments:		
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment	nent	
Yes Request Approval of Permanent Appointm	ent	
No Request Extension of Job Trial Period	i	
Recommend Termination of LEAP C (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFIC		
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIG THE COMMENTS MADE BY MY SUPERVISOR	NATURE DOES NOT SIGNIFY THAT I AGREE WITH	
Leap Candidate Signature: Su	pervisor Signature:	

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-13 (8/05)

Department:	Date:			
Work Location Address (include Zip Code):	Social	Secur	ity Numbe	r:
Name of Leap Candidate:	Time Int	Base: ermitte		Ill Time art Time
Class Title: Leap Candidate	*If tin	*If time base is intermittent,		
(KEY DATA OPERATOR)		attach timesheets		
Date of Appointment to LEAP Candidate Class:		ted Co	mpletion I	Date
Supervisor:	Phone	: :		
Critical Class Requirements of Identified Class:	Out- standi	ng	Satis- factory	Needs improve
Demonstrate ability to:	Startar	115	ide tory	Improve
 Learn and perform routine key entry operations. 				
2. Learn and interpret machine responses.				
3. Interpret entries on source documents.				
4. Attain and maintain identified production standards of 4,0 key strokes per hour.	00 to 5,000			
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoir	ntment			
No Request Extension of Job Trial Pe	riod			
Recommend Termination of LEAI (SUPERVISOR COMMENTS MUST INCLUDE JUSTIF		THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NOT SIG	NIFY TI	HAT I AGRE	E WITH
Leap Candidate Signature:	Supervisor Signature:			

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-16 (8/05)

Department:		Date:		
Work Location Address (include Zip Code):		Social Secu	ırity Numbe	r:
Name of Leap Candidate:		Time Base: Intermit		ıll Time art Time
Class Title: Leap Candidate		*If time bas	se is intermi	ttent,
(LABORATORY ASSISTANT)		attach times		
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
Learn elementary laboratory methods and procedures to p prepare laboratory specimens, materials and supplies.	process and			
2. Clean and care for laboratory equipment.				
3. Work efficiently and effectively in a group.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoin	ntment			
No Request Extension of Job Trial Pe	riod			
Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUSTII)		NY OF THE	E ABOVE)	
CANDIDATE CERTIFICATION	107110111011	1111 01 1111	ZTIBO VE)	
I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES N	NOT SIGNIFY T	ΓΗΑΤ I AGRE	E WITH
Leap Candidate Signature:	Supervisor Signat	ure:		

 30 day	 60 day
90 day	120 day

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-39 (8/05)

___ 90 day ___ 120 day
Evaluation after approved extension____

Department:	Da	te:		
Work Location Address (include Zip Code):	Soc	ial Secu	ırity Numbe	r:
Name of Leap Candidate:		Time Base: Full Time Intermittent* Part Time		
Class Title: Leap Candidate (MAILING MACHINES OPERATOR I)		*If time base is intermittent, attach timesheets		
Date of Appointment to LEAP Candidate Class:		pected C IM/DD/Y	Completion I Y)	Date
Supervisor:	Pho	one:		
Critical Class Requirements of Identified Class:	Ou star	t- nding	Satis- factory	Needs improve
Under supervision, demonstrate ability to:				
1. Operate mailing machines to assist in registering the postage and to perform other parts of the outgoing mailing process.	0			
2. Learn to calibrate the machines for different types and sizes of mat	erial.			
3. Practice proper safety habits in the work setting.				
4. Learn postal regulations and rates related to the processing of mail.				
5. Perform maintenance and minor repairs on mailing machines.				
6. Maintain records of cost and production.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment				
Yes Request Approval of Permanent Appointment				
No Request Extension of Job Trial Period				
Recommend Termination of LEAP Candidat (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION		OF THI	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE THE COMMENTS MADE BY MY SUPERVISOR	E DOES NOT S	SIGNIFY '	THAT I AGRE	EE WITH
Leap Candidate Signature: Superviso	r Signature:			

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANE	DIDATE JOB EXAMINATION PERIOD
SPR 273-35	(8/05)

SPB 273-35 (8/05)				
Department:		Date:		
Work Location Address (include Zip Code):		Social Secur	rity Number	r:
Name of Leap Candidate:		Time Base:		ll Time
Class Title: Leap Candidate		*If time bas		
(MAINTENANCE MECHANIC)		attach times		,
Date of Appointment to LEAP Candidate Class:		Expected Co (MM/DD/YY		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- Standing	Satis- Factory	Needs Improve
Demonstrate ability to:		2,	.,	
Apply knowledge of basic methods, materials, equipm perform miscellaneous building maintenance work.	ent and tools to			
2. Apply knowledge of mechanical systems and safety preform miscellaneous building maintenance work.	ocedures to			
3. Interpret and work from plans, drawings and specificat	ions.			
4. Inspect, maintain and repair buildings, mechanical equipment electrical, water and sewer systems.	ipment and			
5. Estimate and requisition materials and supplies.				
6. Clean and maintain tools and equipment.				
7. Keep records and prepare reports.				
8. Establish and maintain cooperative relations with those the course of work.	e contacted in			
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Ap	pointment			
Yes Request Approval of Permanent App	pointment			
No Request Extension of Job Trial				
Recommend Termination of LI (SUPERVISOR COMMENTS MUST INCLUDE JUS		NY OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. IT THE COMMENTS MADE BY MY SUPERVISOR	MY SIGNATURE DOES N	OT SIGNIFY T	HAT I AGRE	E WITH
Leap Candidate Signature:	Supervisor Signat	ure:		

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-09 (8/05)

Department:	Date:
Work Location Address (include Zip Code):	Social Security Number:
Name of Leap Candidate:	Time Base: Full Time Intermittent* Part Time
Class Title: Leap Candidate [OFFICE ASSISTANT (GENERAL)] RANGE:	*If time base is intermittent, attach timesheets
Date of Appointment to LEAP Candidate Class:	Expected Completion Date (MM/DD/YY)
Supervisor:	Phone:
Critical Class Requirements of Identified Class:	Out- Satis- Needs standing factory improve
Demonstrate ability to:	
1. Work effectively and cooperatively with others.	
2. Use correct punctuation, spelling and grammar.	
3. Follow instructions or procedures to perform one or more following:	e of the
a. Act as receptionist for office staff.	
b. File office records and materials.	
c. Complete forms and other office documents.	
d. Sort and/or distribute mail and other office materials.	
e. Operate office machines.	
f. Order and/or maintain office supplies.	
Supervisor Comments:	
Final Fundacion Coulos LEAD Condidate Dendinos Con Democrat Association	··········
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	
Yes Request Approval of Permanent Appoi	intment
No Request Extension of Job Trial Po	eriod
Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUSTI	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	Y SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH
Leap Candidate Signature:	Supervisor Signature:

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-10 (8/05)

Department:	Date:	
Work Location Address (include Zip Code):	Social S	Security Number:
Name of Leap Candidate:	Time B	Base: Full Time rmittent* Part Time
Class Title: Leap Candidate [OFFICE ASSISTANT (TYPING)] RANGE:		e base is intermittent, imesheets
Date of Appointment to LEAP Candidate Class:	Expecto (MM/E	ed Completion Date OD/YY)
Supervisor:	Phone:	
Critical Class Requirements of Identified Class:	Out- standin	Satis- Needs improve
Demonstrate ability to: 1. Type at a speed with an accuracy rate of at least 40 word	s ner minute	
2. Identify and correct errors in punctuation, spelling and g	rammar.	
3. Follow instructions or procedures to perform one or more following:	e of the	
 Type correspondence and/or narrative reports from crough draft to final form. 	omplicated	
b. Type technical material using legal, medical, arithme terms and/or statistical reports.	tical, and other	
c. Act as receptionist for office staff.		
d. File office records and materials.		
e. Complete forms and other office documents.		
f. Sort and/or distribute mail and other office materials.		
g. Operate office machines.		
h. Order and/or maintain office supplies.		
Supervisor Comments:		
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo Yes Request Approval of Permanent Appo		
No Request Extension of Job Trial P Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUST)	AP Candidate	THE ABOVE)
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR		
Leap Candidate Signature:	Supervisor Signature:	

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-46 (8/05)

Department:		Date:		
Work Location Address (include Zip Code):		Social Secu	rity Numbe	r:
Name of Leap Candidate:		Time Base: Intermitt		ıll Time art Time
Class Title: Leap Candidate		*If time bas attach times		ttent,
[OFFICE TECHNICIAN (GENERAL)] Date of Appointment to LEAP Candidate Class:		Expected Co		Date
		(MM/DD/YY		
Supervisor:		Phone:		
Critical Class Requirements of Identified Class: Demonstrate ability to:		Out- standing	Satis- factory	Needs improve
 Perform difficult clerical work, including the ability to sp Use good English. 	pell correctly.			
3. Make arithmetical computations.4. Operate various office machines.				
5. Follow oral and written directions.6. Evaluate situations accurately and take effective action.				
7. Read and write English at a level required for successful performance.	job			
8. Make clear and comprehensive reports and keep difficult9. Meet and deal tactfully with the public.	records.			
10. Apply specific law, rules and office policies and procedu 11. Prepare correspondence independently.	res.			
12. Communicate effectively and provide functional guidance	e.			
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appo	intment			
No Request Extension of Job Trial Po	eriod			
Recommend Termination of LEA	AP Candidate			
(SUPERVISOR COMMENTS MUST INCLUDE JUSTI	FICATION FOR A	NY OF THE	(ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. M' THE COMMENTS MADE BY MY SUPERVISOR	Y SIGNATURE DOES N	OT SIGNIFY	ΓΗΑΤ I AGRE	EE WITH
Leap Candidate Signature:	Supervisor Signatu	ire:		

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-47 (8/05)

Department:	D	Date:		
Work Location Address (include Zip Code):	S	Social Secur	ity Numbe	r:
Name of Leap Candidate:	T	Time Base: Intermitte		ll Time art Time
Class Title: Leap Candidate		If time base		ttent,
[OFFICE TECHNICIAN (TYPING)] Date of Appointment to LEAP Candidate Class:		ttach timesh Expected Co)ate
Date of Appointment to EEAT Candidate Class.		(MM/DD/YY		raic
Supervisor:	P	Phone:		
		Out-	Satis-	Needs
Critical Class Requirements of Identified Class: Demonstrate ability to:	st	tanding	factory	improve
Perform difficult clerical work; spell correctly and use good E Make arithmetical computations.	English.			
Operate various office machines. Follow oral and written directions.				
Evaluate situations accurately and take effective action. Read and write English at a level required for successful job p	performance.			
Make clear and comprehensive reports and keep difficult reco Meet and deal tactfully with the public.	ords.			
Apply specific laws, rules and office policies and procedures. Prepare correspondence independently utilizing a wide knowledge.				
vocabulary, grammar and spelling. Communicate effectively and provide functional guidance.				
Type at a speed of not less than 40 words per minute.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoin	itment			
No Request Extension of Job Trial Pe Recommend Termination of LEAI	P Candidate			
(SUPERVISOR COMMENTS MUST INCLUDE JUSTIF	ICATION FOR AN	Y OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NO	T SIGNIFY T	HAT I AGRE	E WITH
Leap Candidate Signature:	Supervisor Signature	e:		

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-30 (8/05)

Department:	Date:	
Work Location Address (include Zip Code):	Social Security	/ Number:
Name of Leap Candidate:	Time Base:Intermittent	Full Time t* Part Time
Class Title: Leap Candidate	*If time base is	· ·
(PAINTER I)	attach timeshed	
Date of Appointment to LEAP Candidate Class:	Expected Com (MM/DD/YY)	pletion Date
Supervisor:	Phone:	
Critical Class Requirements of Identified Class:		Satis- Needs actory improve
Demonstrate ability to:	standing 16	actory improve
1. Apply knowledge to principles, methods, materials, tools equipment to perform painting, finishing and paper hangi		
2. Use safety practices in performing the work of a Painter l	í.	
3. Prepare wood and metal surfaces for painting and paper h	nanging.	
4. Mix paint and match colors.		
5. Set up and work from ladders, scaffolding and rigging.		
6. Clean and maintain materials, tools and equipment.		
7. Estimate costs of painting jobs.		
8. Keep simple records and prepare reports.		
9. Direct the work of helpers.		
Supervisor Comments:		
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment	
Yes Request Approval of Permanent Appoi	ntment	
No Request Extension of Job Trial Po	eriod	
Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUSTI	P Candidate	BOVF)
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR		
Leap Candidate Signature:	Supervisor Signature:	

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-36 (8/05)

Department:		Date:		
Work Location Address (include Zip Code):		Social Secur	rity Numbe	r:
Name of Leap Candidate:	,	Time Base: Intermitte		ıll Time art Time
Class Title: Leap Candidate (PARK MAINTENANCE ASSISTANT)		*If time base attach times!		ttent,
Date of Appointment to LEAP Candidate Class:		Expected Co (MM/DD/YY		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Under supervision, demonstrate ability to:				
1. Use proper methods, materials and equipment to maintain or park facilities.	public beach			
2. Give necessary information to co-workers and the general	public.			
3. Effectively deal with park visitors.				
4. Perform one or more of the following as required by the p	osition:			
 a. Perform routine cleanup of restrooms, campgrounds, pother park areas. b. Load and unload building materials and other supplies c. Operate a variety of maintenance equipment. d. Perform minor repairs on maintenance equipment. e. Assist in the care and maintenance of park vegetation. f. Assist with the more complex maintenance projects. g. Fight structural and forest fires. h. Prepare reports. i. Direct the work of less experienced maintenance personance of the park of the supplies of the supplie	i.			
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntmant			
Yes Request Approval of Permanent Appoint				
No Request Extension of Job Trial Pe				
Recommend Termination of LEAI (SUPERVISOR COMMENTS MUST INCLUDE JUSTIE		NY OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NO	OT SIGNIFY T	HAT I AGRE	E WITH
Leap Candidate Signature:	Supervisor Signatur	re:		

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-22 (8/05)

Page 2

Critical Class Requirements of Identified Class (continued):	Out- standing	Satis- factory	Needs improve
B. Ability to:	Startening	100001	impro , c
1. Collect environmental data.			
2. Analyze and evaluate data, reach sound conclusions and make recommendations.			
3. Apply or modify scientific methods and principles.			
4. Analyze situations and take appropriate actions.			
5. Establish and maintain cooperative relations with local governments, the business community, and the general public.			
6. Prepare clear, complete, and technically accurate reports.			
7. Communicate effectively.			
8. Plan, organize, and carry out integrated waste management studies or projects.			
9. Coordinate the work of others.			
10. Make oral presentations.			
11. Be objective and flexible.			
12. Meet critical deadlines.			
13. Assess the impact of proposed legislation and new statutes.			
14. Organize materials for public presentations and dissemination.			
15. Anticipate and respond to public concerns with tact and sensitivity.			
Supervisor Comments:		-	
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment			
Yes Request Approval of Permanent Appointment			
No Request Extension of Job Trial Period			
Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR A	ANY OF THE	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES THE COMMENTS MADE BY MY SUPERVISOR	NOT SIGNIFY	THAT I AGRI	EE WITH
Leap Candidate Signature: Supervisor Signature:	ture		

30 day	60 day
90 day	120 day

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-43 (8/05)

Evaluation after approved extension____

Department:	Dat	ie:		
Work Location Address (include Zip Code):	Soc	ial Secur	rity Numbe	r:
Name of Leap Candidate:		ne Base: Intermitte		ıll Time
Class Title: Leap Candidate			e is intermi	
(PROGRAMMER I)		ch times		
Date of Appointment to LEAP Candidate Class:		pected Co /IM/DD/YY	ompletion I	Oate
Supervisor:	Pho	one:		
Critical Class Requirements of Identified Class:	Out star	t- nding	Satis- factory	Needs improve
Demonstrate ability to:			,	·
1. Learn to use programming principles and procedures to perform of computer programming in a data processing system.	erform tasks			
2. Use programming languages such as COBOL, FORTRAN process data within general system design needs.	I, etc., to			
3. Learn to develop computer programs based on compreher programming specifications.	isive			
4. Detect, analyze and correct logic and syntax errors in prog	grams.			
5. Analyze data and draw logical conclusions.				
6. Present solutions to problems with clarity and precision.				
7. Work cooperatively with others.				
8. Communicate effectively.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoin	ıtment			
No Request Extension of Job Trial Pe Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUSTII)	P Candidate	OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR				E WITH
Leap Candidate Signature:	Supervisor Signature:			

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-14 (8/05)

Department:	Date:		
Work Location Address (include Zip Code):	Social Se	curity Numbe	er:
Name of Leap Candidate:		Time Base: Full Time Part Time	
Class Title: Leap Candidate	*If time b	oase is intermi	ittent,
(PROGRAM TECHNICIAN) Date of Appointment to LEAP Candidate Class:		Completion 1	Date
Supervisor:	Phone:	11)	
Critical Class Requirements of Identified Class: Demonstrate ability to:	Out- standing	Satis- factory	Needs improve
Learn and apply laws and regulations of a specialized deprogram.	partmental		
2. Follow established procedures to complete and process to documents.	echnical		
3. Use tact and good judgment in dealing with the public an employees.	d other		
4. Evaluate situations accurately and take effective action.			
5. Use correct punctuation, spelling and grammar.			
6. Make rapid and accurate arithmetical computations.			
Supervisor Comments:			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appor	intment		
Yes Request Approval of Permanent Appo	ntment		
No Request Extension of Job Trial P Recommend Termination of LEA	eriod P. Candidate		
(SUPERVISOR COMMENTS MUST INCLUDE JUSTI		HE ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NOT SIGNIF	Y THAT I AGRE	EE WITH
Leap Candidate Signature:	Supervisor Signature:		

30 day	60 day
90 day	120 day

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-44 (8/05)

Evaluation after approved extension____

612 2 78 11 (6788)				
Department:	D	Date:		
Work Location Address (include Zip Code):		Work Location (County):		
Name of Leap Candidate:	So	ocial Secur	rity Number	r:
Class Title: Leap Candidate	т	ime Base:	_ Full Ti	ime
[RESEARCH ANALYST I (VARIOUS SPECIALT		Intermitte		rt Time
Date of Appointment to LEAP Candidate Class:	E	Expected Co		Date
Supervisor:	P!	hone:		
Critical Class Requirements of Identified Class:		Out- tanding	Satis- factory	Needs improve
Demonstrate ability to:				
Apply principles and concepts of one or more specialty fie perform basic technical research and statistical work.	lds to			
2. Use knowledge of research methods and techniques to plainvestigations.	n studies and			
3. Gather, compile, analyze and interpret data.				
4. Use a variety of analytical techniques to develop and evaluaternative solutions to complex governmental and manage				
5. Consult with administrators and others on a wide variety of matter areas.	f subject-			
6. Communicate effectively.				
7. Establish and maintain cooperative work relationships.				
8. Prepare research and statistical reports.				
Supervisor Comments:				<u> </u>
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment			
Yes Request Approval of Permanent Appoin	tment			
No Request Extension of Job Trial Per	iod			
Recommend Termination of LEAF	Candidate			
(SUPERVISOR COMMENTS MUST INCLUDE JUSTIF	ICATION FOR ANY	Y OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY STHE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NOT	Γ SIGNIFY TI	HAT I AGREI	E WITH
Leap Candidate Signature:	Supervisor Signature	======================================		

30 day	 60	day
90 day	12	0 day

___ 90 day ___ 120 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-07 (8/05)

Department:		Date:		
Work Location Address (include Zip Code):		Social Security Number:		er:
Name of Leap Candidate:				ull Time art Time
Class Title: Leap Candidate		*If time bas		ittent,
[STAFF SERVICES ANALYST (GENERAL)] Date of Appointment to LEAP Candidate Class:		attach times Expected C		Data
		(MM/DD/YY		
Supervisor:		Phone:		
		Out-	Satis-	Needs
Critical Class Requirements of Identified Class: Demonstrate ability to:		standing	factory	improve
·				
 Reason logically and creatively and utilize a variety of and techniques to resolve complex governmental and manage 	•			
2. Develop and evaluate alternatives.				
3. Analyze data and present ideas and information effectively and in writing.	y both orally			
4. Consult with and advise administrators or other interested wide variety of subject-matter areas.	parties on a			
5. Gain and maintain the confidence and cooperation of thos during the course of work.	e contacted			
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoir	tment			
No Request Extension of Job Trial Per Recommend Termination of LEAP	Candidate		a Abores	
(SUPERVISOR COMMENTS MUST INCLUDE JUSTI	FICATION FOR A	ANY OF THI	E ABOVE)	<u> </u>
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES 1	NOT SIGNIFY	ΓΗΑΤ I AGR	EE WITH
Leap Candidate Signature:	Supervisor Signat	ure:		

30 day	60 day
90 day	120 day

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-20 (8/05)

___ 90 day ___ 120 day
Evaluation after approved extension____

Department:	Date:	
Work Location Address (include Zip Code):		ty Number:
Name of Leap Candidate:	Time Base: Intermitte	Full Time nt* Part Time
Class Title: Leap Candidate (STAFF COUNSEL)		is intermittent,
Date of Appointment to LEAP Candidate Class:	Expected Cor (MM/DD/YY)	mpletion Date
Supervisor:	Phone:	
Critical Class Requirements of Identified Class:	Out- standing	Satis- Needs factory improve
Demonstrate ability to:		
1. Interpret and apply laws, rules and regulations to perform difficult legal work in State Government.	the less	
2. Perform and direct legal research, assemble and evaluate enterview witnesses in the preparation of cases.	evidence, and	
3. Assist in the presentation of cases before judges and admin bodies.	nistrative	
4. Analyze situations accurately and adopt an effective cours	e of action.	
5. Advise staff members on the legal effect of rules and regular proposed legislative measures, statutory law, court decision administrative actions.		
6. Prepare correspondence, reports and legal documents and the drafting of legislative measures and departmental rules regulations.		
Supervisor Comments		
Supervisor Comments:		
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment	
Yes Request Approval of Permanent Appoin	tment	
No Request Extension of Job Trial Per	riod	
Recommend Termination of LEAF	P Candidate	
(SUPERVISOR COMMENTS MUST INCLUDE JUSTIF	TICATION FOR ANY OF THE A	ABOVE)
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NOT SIGNIFY TH	AT I AGREE WITH
Leap Candidate Signature:	Supervisor Signature:	

30 day	60 day
90 day	120 day

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-04 (8/05)

Evaluation after approved extension____

Department:	Date:		
Work Location Address (include Zip Code):	Social	Social Security Number:	
Name of Leap Candidate:	Time E		ull Time Part Time
Class Title: Leap Candidate (STAFF SERVICES MANAGEMENT AUDITOR)		e base is interm	ittent,
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)	
Supervisor:	Phone:		
Critical Class Requirements of Identified Class: Demonstrate ability to:	Out- standin	Satis- factory	Needs improve
 Learn and apply accounting and management auditing prin procedures to conduct audits of fiscal and management pro practices of State government. 			
2. Develop and maintain positive working relationships with and other individuals when completing management auditi			
3. Prepare accurate and concise reports.			
Supervisor Comments:			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	tment		
Yes Request Approval of Permanent Appoint	ment		
No Request Extension of Job Trial Peri Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFI	Candidate	THE AROVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY S THE COMMENTS MADE BY MY SUPERVISOR			EE WITH
Leap Candidate Signature:	Supervisor Signature:		

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-32 (8/05)

Department:		Date:		
Work Location Address (include Zip Code):		Social Security Number:		er:
Name of Leap Candidate:		Time Base:Intermit		ıll Time art Time
Class Title: Leap Candidate (SUPERVISING COOK I)		*If time bas		ittent,
Date of Appointment to LEAP Candidate Class:		Expected C (MM/DD/Y		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
1. Apply knowledge of principles, procedures and equipment the storage, preparation, cooking and serving of food in la	-			
2. Apply knowledge of kitchen sanitation and safety measure supervise the operation, cleaning and care of utensils, equ				
3. Plan menus and develop schedules to prepare food for grovarying size.	ups of			
4. Keep inventories and make requisitions.				
5. Plan, organize and direct the work of others.				
6. Analyze situations accurately and take effective action.				
7. Evaluate the work performance of others.				
8. Plan and conduct training.				
Supervisor Comments:			<u> I</u>	
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoin	itment			
No Request Extension of Job Trial Pe Recommend Termination of LEAI (SUPERVISOR COMMENTS MUST INCLUDE JUSTIF	P Candidate	NY OF THI	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR				EE WITH
Leap Candidate Signature:	Supervisor Signatu	ıre		

30 day	60 day
90 day	120 day

LEAP CANE	DIDATE JOB	EXAMINATION	PERIOD
SPR 273-24	(8/05)		

Evaluation	after	approved	extension	

SPB 273-24 (8/05)				
Department:		Date:		
Department of Transportation (Caltrans)				
Work Location Address (include Zip Code):		Social Secur	ity Number	••
Name of Leap Candidate:		Time Base: Intermitte		ll Time rt Time
Class Title: Leap Candidate		*If time base		
[TRANSPORTATION ENGINEER (CIVIL)]		attach timesl	neets	
Date of Appointment to LEAP Candidate Class:		Expected Co (MM/DD/YY	ompletion D	ate
Supervisor:		Phone:		
 Critical Class Requirements of Identified Class: A. Ability to: Basic principles of physics, chemistry, and mathematic to civil engineering. Engineering surveying. Hydrology and hydraulics. Stress analysis. Mechanics. Strength of materials. Properties and uses of engineering construction materials. B. Methods and equipment of engineering construction. Engineering economics. B. Ability to: Do simple mapping and drafting and make neat and a computations and engineering notes. Prepare reports. Establish and maintain friendly and cooperative relations. 	rials.	Out- standing	Satis- factory	Needs
contacted in the course of the work. 4. Communicate effectively.				
Supervisor Comments:	<u>'</u>			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appoi No Request Extension of Job Trial Permanent Appoi Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUSTI	eriod P Candidate	NY OF THE	ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	Y SIGNATURE DOES N	OT SIGNIFY T	HAT I AGRE	E WITH
Leap Candidate Signature:	Supervisor Signatu	re		

3	0 day	60	day
C	00 day	120) day

___ 90 day ___ 120 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-25 (8/05)

Department:		Date:			
Work Location Address (include Zip Code):		Social Security Number:			
Name of Leap Candidate:		Time Base: Full Time Intermittent* Part Time			
Class Title: Leap Candidate		*If time bas		ttent,	
(TRANSPORTATION PLANNER)		attach times			
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)			
Supervisor:		Phone:			
		Out-	Satis-	Needs	
Critical Class Requirements of Identified Class:		standing	factory	improve	
Demonstrate ability to:					
1. Learn to use general principles and practices of transportation perform the less complex transportation planning and practivities.					
2. Use appropriate research methods to gather, compile, anal interpret data.	yze and				
3. Learn to monitor transportation planning and project active conformance with State and Federal requirements.	ities for				
4. Use a variety of analytical techniques to develop and evaluaternative solutions to transportation problems.	ıate				
5. Work effectively with others to deal with social, economic and environmental issues which impact transportation planning.					
6. Prepare reports.					
Supervisor Comments:			1		
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment				
Yes Request Approval of Permanent Appointment					
No Request Extension of Job Trial Per Recommend Termination of LEAF	Candidate	NAT OF THE	, A DOLLE)		
(SUPERVISOR COMMENTS MUST INCLUDE JUSTIF	ICATION FOR A	INY OF THE	ABOVE)		
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES	NOT SIGNIFY	THAT I AGRI	EE WITH	
Leap Candidate Signature:	Supervisor Signat	ure			

 30	day	60 day	
90	dav	120 day	

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-37 (8/05)

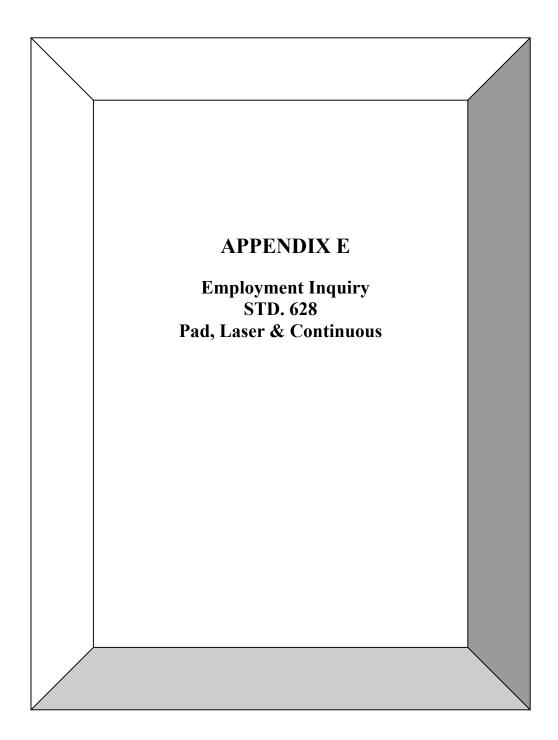
Evaluation after approved extension____

Department:		Date:			
Work Location Address (include Zip Code):		Social Security Number:			
Name of Leap Candidate:		Time Base: Full Time Intermittent* Part Time			
Class Title: Leap Candidate [VOCATIONAL INSTRUCTOR (VARIOUS SPECIALTIES)]		*If time base is intermittent, attach timesheets			
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)			
Supervisor:		Phone:			
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve	
Demonstrate ability to:					
1. Use methods, materials, tools, machines, equipment and a principles required to perform duties of a journey-person is specialty field.					
2. Develop an instructional program designed to motivate cli to learn useful and practical skills.	ents/inmates				
3. Provide instruction in the specialty field to clients/inmates classroom or shop setting.	in a				
4. Supervise and maintain proper conduct and control of clients/inmates in the classroom.					
5. Assist clients/inmates to develop socially acceptable attitudes as they progress through course material.					
6. Work effectively in a team with professionals from other or properly assess and evaluate client/inmate progress.	disciplines to				
7. Prepare clear and concise reports.					
Supervisor Comments:					
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment				
Yes Request Approval of Permanent Appoin					
No Request Extension of Job Trial Per Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTIII	Candidate	ANY OF TH	E ABOVE)		
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES N	NOT SIGNIFY	THAT I AGRI	EE WITH	
Leap Candidate Signature:	Supervisor Signatu	ure			

___ 30 day ___ 60 day
Evaluation after approved extension____

LEAP CANDIDATE JOB EXAMINATION PERIOD SPB 273-01 (8/05)

Department:		Department	:		
Work Location Address (include Zip Code):		Work Location Address (include Zip Code):			
Name of Leap Candidate:		Name of Leap Candidate:			
Class Title: Leap Candidate (WORD PROCESSING TECHNICIAN)		Time Base: _ Full Time _ Part Time			
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)			
Supervisor:		Phone:			
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve	
Demonstrate ability to:					
1. Type at a speed with an accuracy rate of at least 50 words on word processing equipment.	per minute				
2. Follow instructions for editing and proofreading written musing word processing equipment.	naterial while				
3. Learn and interpret machine responses.					
4. Indentify and correct errors in spelling, punctuation and gr	rammar.				
Supervisor Comments:	-		•		
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment				
Yes Request Approval of Permanent Appointment					
No Request Extension of Job Trial Per Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTIII	Candidate	NV OF THE	E AROVE)		
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR				EE WITH	
Leap Candidate Signature:	Supervisor Signatu	ıre			



STATEOF CALIFORNIA EMPLOYMENT INQUIRY

STD. 628 (REV. 4-96)

- IMPORTANT -

Your name will be placed on INACTIVE STATUS for this classification if a copy of this form is not returned postmarked no later than:

SEND REPLYTO		INQUIRY DATE	
		CERTIFICATION NUMBER	CLASSCODE
		CLASSIFICATION	
,			
		POSITION LOCATION	
TO:	•	LISTTYPE	
		SALARYRANGE	PER
TIMEBASE		STATE DEPARTMENT	
TENURE		TELEPHONE NUMBER	
LEAP JOB EXAMINATION PERIOD		TELEPHONE NUMBER: CALIFORNIA RELAY SERVICE	•
YOU ARE BEING CONTACTED BECAUSE YOUR NAME IS DESIGNATED AS ONE OF THE PERSON	NS WHO:	OALA GINARILE TO CETTAGE	
ADDITIONALINFORMATION			
	•		
PLEASE READ REVERSE SID	E <i>BEFORE</i> COM	APLETING THIS SI	DE
If you ARE interested in the position described above, please	complete the follow	ing.	
YES - I am interested in being considered for possible appointme copy for your consideration. (If you are unavailable for employment) Check this box if you are disabled and will require reasonable acc	t within 30 days from the date o	of job interview, it MAY BE consider	ed a waiver for this position.)
If you are NOT interested in the position described above, ple	ease complete the a	oplicable Items below.	
1.	Check one or more tenure a limited term appointment	and time base preferences. If you chec	k both permanent and limited term and receive for permanent positions. LEAP CANDIDATES
NO - I am not interested in being considered for this position but wish to remain on active status for future employment vacancies.	READ PARAGRAPH N	JMBER 5 ON REVERSE SIDE BEFOR	E SELECTING OPTIONS.
3. I AM NOT INTERESTED IN POSITIONS IN THIS CLASS.	PERMANENT - FULL TIME	PERMANENT - PART TIME	PERMANENT - INTERMITTENT
Please place my name on inactive status for this class. I understand that I may request to have my name restored to active status at a later date provided I still have list eligibility.	LIMITED TERM -	LIMITED TERM - PART TIME	LIMITED TERM - INTERMITTENT
I have accepted employment in this class with:	4. I DO NOT WISH TO WOR		BOVE. PLEASE REFER MY NAME ONLY
(State Department Name) (Employment Date)			
Please place my name on inactive status. I have been appointed			
to the class listed below: (Class Title) (Appointment Date)			
5. OTHER(Explain)			
NOTE - As a result of changes in your location and/or tenure a	and time base choices	, your name will not be o	leleted from any certification
list(s) which may already have been issued prior to this contacts resulting from those certification list(s). FAILU	s request being proce RE TO REPLY WILL	essed. Therefore, you mu PLACE YOUR NAME O	st continue to reply to N INACTIVE STATUS.

STD. 628 (REV. 4-96) REVERSE

INFORMATION REGARDING YOUR ELIGIBILITY

So that we may know if you wish to be considered for possible appointment to the position in the class described on the reverse side of this form, please complete both copies of this form and return one copy by the date indicated. PLEASE KEEP ONE COPY OF THIS FORM FOR YOUR RECORDS. Any expenses you may incur in seeking appointment are strictly your responsibility.

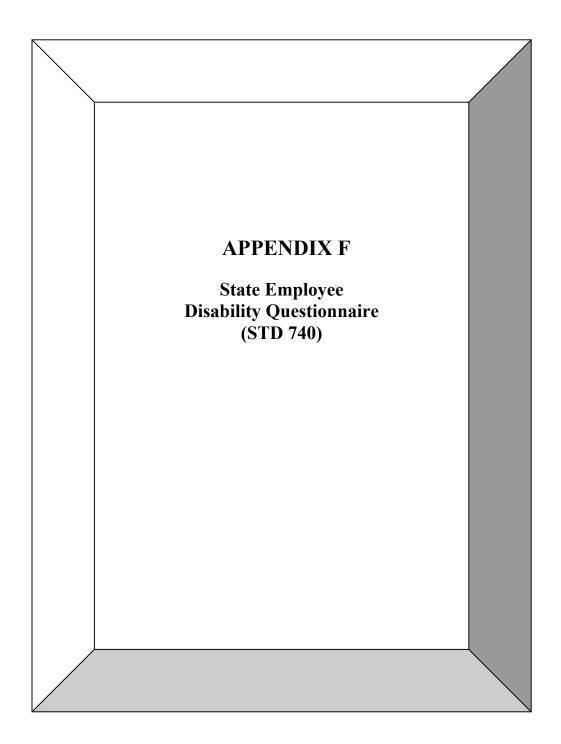
The following are possible actions which may result from this inquiry and may impact your employment availability:

- If you are unavailable for an interview within seven (7) calendar days from the indicated return date in the top portion of this form, it may be considered a waiver of employment. Failure to respond by the indicated return date may be considered a waiver of employment and will result in your name being placed on inactive status. (INACTIVE status means your name willNOT appear on subsequent certification lists used by hiring departments.)
- 2. If a copy of this form is returned with your wish to be considered for the position by the indicated return date, and if you do not hear from us within a reasonable amount of time (3 4 weeks), you may assume that the position has been filled by the appointment of another eligible person. Your name will remain on active status for future employment consideration. You may, if you wish, contact the department to verify receipt of a copy of this form and the status of the position.
- 3. If a copy of this form is returned with your wish NOT to be considered for the position by the indicated return date, your name will remain on active status for future employment consideration. NOTE: Your name will be placed on inactive status permanently when you have declined any combination of three (3) job inquiries from an OPEN eligible list.

- 4. If you are being contacted from a PROMOTIONAL list, or a REEMPLOYMENT list, or a LEAP list, or a STATE RESTRICTION OF APPOINTMENTS list, your name will remain on active status regardless of the number of times you decline job inquiries provided your response is received by the indicated return date.
- 5. Limited Employment Appointment Process (LEAP) candidates may only choose from the Limited Term options. If you have previously indicated an interest in Full Time employment and you accept a Part Time or Intermittent appointment, your name will continue to be considered for Full Time positions.

NOTE: No one is to make requests or statements that can be considered as asking or instructing eligibles to go inactive or waive a position. (Government Code Sections 19681(c) and 19682.)

SIGNATURE			DATE	
\triangleright				
		•		
CC	OMPLETE THIS SECTION FOR	R CHANGE OF INFORMATION ONLY	(Print or Type)	
CC NEW ADDRESS (Number & Street)	DMPLETE THIS SECTION FO	R CHANGE OF INFORMATION ONLY	(Print or Type)	ZIP CODE



STATE EMPLOYEE DISABILITY QUESTIONNAIRE

STD. 740 (EST. 2/2004) (FRONT)

TO: STATE EMPLOYEES:

Please assist us in gathering general statistical information about state employees with disabilities. Your response to this questionnaire is very important, but is voluntary. You will be helping us monitor the effects of the state's employment practices on employees with disabilities and compliance with non-discrimination laws. All information collected will be used only for statistical and analytical purposes. Your name will never be identified. Your confidentiality is guaranteed. Providing your Social Security Number is voluntary in accordance with the Privacy Act of 1974 (PS 93-579); however, if you do not provide your Social Security Number, you cannot be counted as a state employee with a disability, and your department's workforce statistics will not accurately reflect employees with disabilities. Collection of information about state employees with disabilities is authorized pursuant to Section 504 of the U.S. Rehabilitation Act of 1973 and Government Code Section 19233(b).

According to the Fair Employment and Housing Act, an "Individual with a Disability" is a person who:

- (a) has a physical or mental impairment or medical condition which limits one or more major life activities; or
- (b) has a record or history of such an impairment or medical condition; or
- (c) is regarded as having such an impairment or medical condition.

"Limits" means that the impairment or condition makes the achievement of any major life activity difficult. This must be determined without regard to mitigating measures such as medication, assistive devices, prosthetics, or other reasonable accommodation.

MARKING INSTRUCTIONS

- Use a No.2 pencil only.
- . Do not use ink, ball point, or felt tip pens.
- · Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- · Make no stray marks on this form.

Primary Disability (Mark only one)

CORRECT:

INCORRECT: ØØ 👄 🖸

• DO NOT STAPLE OR FOLD

Please fill out your Social Security Number below and mark the corresponding ovals. Please review the disability categories listed below and the definitions on the back of this form and mark the oval that identifies your primary and, if applicable, your secondary disability(ies). Mark the oval next to "No Disability" if you have no disability. After completing the form, detach and seal in an envelope then either return it to your Personnel Office or mail directly to the State Personnel Board, at the address on the reverse side.

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ĺ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>	<u></u>	<u> </u>	(9)

O Visual (A) O Hearing (B) O Speech (C) Orthopedic (D) Other Health Conditions (E) O Neurological (I) O Mental Retardation (J) O Skin Disfigurements (S) O Mental Disorders (U) O Alcohol or Drug Abuse (V) Other (W)

O No Disability (X)

Secondary Disability (Mark up to three) O Visual (A) O Hearing (B) O Speech (C) Orthopedic (D) Other Health Conditions (E) O Neurological (I) O Mental Retardation (J) O Skin Disfigurements (S) O Mental Disorders (U) O Alcohol or Drug Abuse (V) Other (W)

STATE OF CALIFORNIA - STATE PERSONNEL BOARD OFFICE OF CIVIL RIGHTS

STATE EMPLOYEE DISABILITY QUESTIONNAIRE

STD. 740 (EST. 2/2004) (BACK)

In determining whether you are disabled, please consider the following:

- (a) Do you use aids, such as a hearing aid, cane, crutches, walker, or wheelchair?
- (b) Do you have difficulty reading a newspaper without corrective lenses, hearing a normal conversation, walking a quarter mile, climbing a flight of stairs without resting, or lifting 10 or more pounds?
- (c) Do you have difficulty performing routine daily living activities, such as moving within your house or building, getting in or out of a chair or performing other routine personal care functions?
- (d) Do you have difficulty doing such activities as going outside the home, keeping track of money or bills, preparing meals, doing housework, or using the telephone?
- (e) Do you have a physical, mental or health condition which limits the kind or amount of work or housework you can do?

Definitions of Disability Categories

VISUAL: Legally blind, or has difficulty reading a newspaper without glasses, or has a limited field of vision.

HEARING: Difficulty in hearing an ordinary conversation and/or using a telephone without the aid of an assistive device.

SPEECH: Difficulty speaking or making oneself understood in person or on the telephone.

ORTHOPEDIC: Amputations, or functional limitations of the upper or lower extremities, trunk, back or spine.

OTHER HEALTH CONDITIONS: Impairments caused by diseases or other conditions affecting the body organs or systems, such as the heart, lungs or kidneys, e.g., cancer, Emphysema, Diabetes, Allergies, etc.

NEUROLOGICAL: Autism, Epilepsy, Cerebral Palsy, Dyslexia and other learning disabilities, and other impairments causing limitations in balance, coordination, sensory and cognitive functions.

MENTAL RETARDATION: Limited mental capacity that affects thinking and functioning and academic achievement.

SKIN DISFIGUREMENTS: Burns, scars, acne, or other skin conditions.

MENTAL DISORDERS: Conditions that impair reasoning or appropriate social behavior such as psychoses, neuroses, depression and personality disorders when diagnosed by a physician or clinical psychologist.

ALCOHOL OR DRUG ABUSE: History of usage that substantially interfered with work.

OTHER: Disability not shown on the questionnaire.

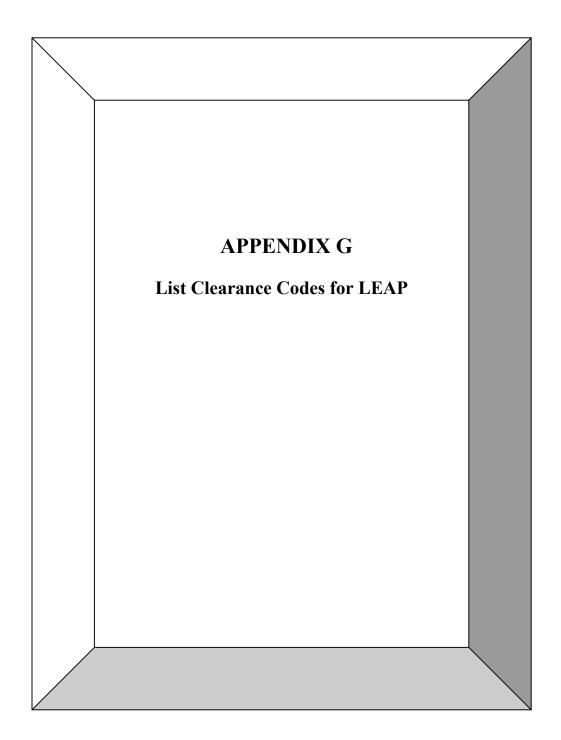
THANK YOU FOR YOUR COOPERATION

Mail bottom portion to:

CALIFORNIA STATE PERSONNEL BOARD INFORMATION SYSTEMS UNIT, M.S. 33 P.O. BOX 944201 SACRAMENTO, CA 94244-2010

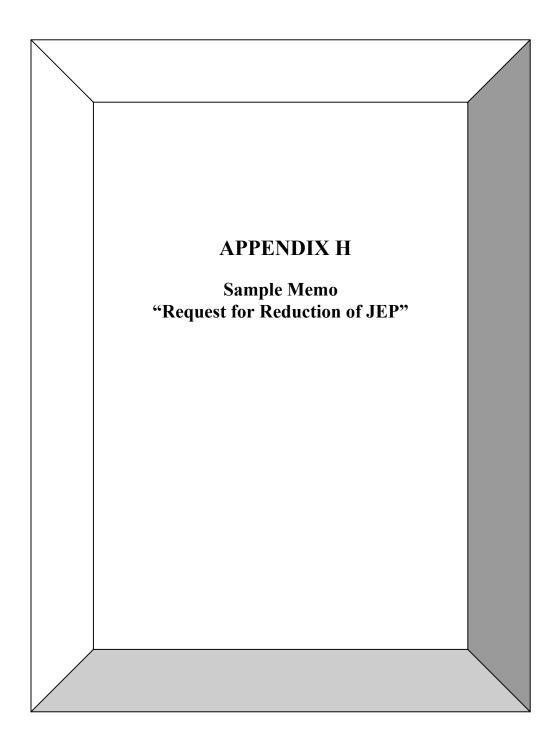
PERSONNEL OFFICE: DO NOT DUPLICATE OR RETAIN THIS FORM AFTER COMPLETION BY THE EMPLOYEE





LIST CLEARANCE CODES FOR LEAP

List Clearance Code	<u>Description</u>
AW	Not interested in this position, but wishes to remain active.
CE	Eligible's conditions of employment indicated on certification do not meet job requirements.
/CO1	Supplemental waiver code to report changes of information as a result of agency contact.
DE	Deceased
Н	Hired this Referral List
HS	Hired by State same class but different referral list of different agency or indicated as hired on earlier clearance, same referral list.
1	Interested
FR	Does not as yet meet flag requirements.
IDNA	Inactive, did not appear for work or interview.
IDNR	Inactive, did not reply.
INA	Inactive, not available.



MEMORANDUM

(date)

FILE: (SSA Number)

TO:

State Personnel Board E9

Statewide SPB LEAP Coordinator

P.O. Box 944201

Sacramento, CA 94244-2010

FROM:

(Department)

SUBJECT:

Request for early appointment to the parallel class under the Limited

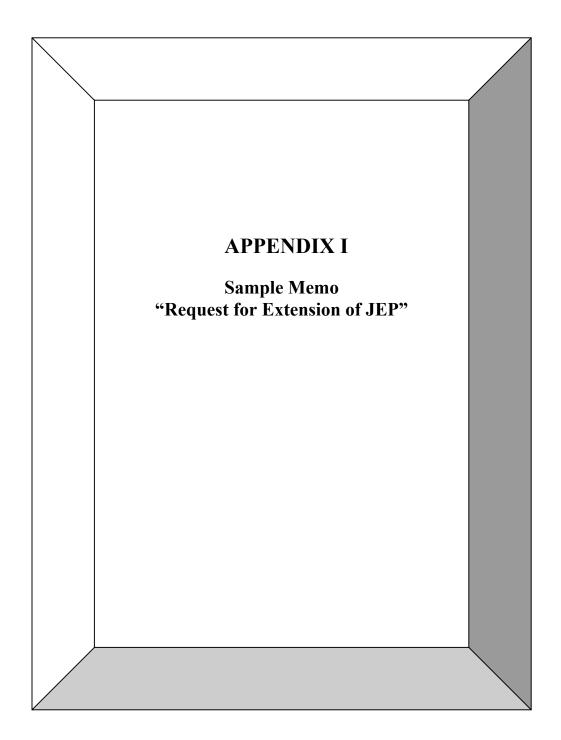
Examination and Appointment Program (LEAP).

This memorandum is to request a reduction of time for (LEAP Candidate's name) in the job examination period. This individual was hired as a LEAP Candidate (class title) on (date) and meets all conditions in California Code of Regulations, Title 2, Division 1, Chapter I, Section 547.55(b) (SPB):

- 1. The employee held a position as (class title) from (date) to (date) in State civil service (name of State other than California) during the 12-month period prior to the effective date of the appointment to the LEAP Candidate class.
- 2. The duties performed in the position were equivalent in level of responsibility and requirements of knowledge, skills, and abilities to the duties of the position to which the employee will be appointed upon completion of the LEAP job examination period. (Attach a copy of the prior duty statement if possible.)
- 3. The prior position was held by the employee for (number of months).
- 4. The completed attach form SPB 273 shows satisfactory performance of the critical class requirements for the LEAP Candidate job class while in the prior position.

If you have any questions, please contact me at (telephone number).

(Name)
LEAP Coordinator



MEMORANDUM

	(date)
	FILE: (SSA Number)
TO:	State Personnel Board E9 Statewide SPB LEAP Coordinator P.O. Box 944201 Sacramento, CA 94244-2010
FROM:	(Department)
SUBJECT:	Request for extension of the Job Examination Period under the Limited Examination and Appointment Program (LEAP).
examination p LEAP Candida	ndum is to request an extension of time for (LEAP Candidate's name) in the job eriod with a new end date of (date) This individual was hired as a ate (class title) on (date) as specified in California Code of Regulations, Title 2, apter 1, Section 547.55(a) (SPB).
The extension	is requested for the following reasons:
The candidate be made awar time remaining	will be informed of the reasons for the request for this extension of time and will be of the level of performance that is expected for a satisfactory rating during the g.
Attached is the other supportion number).	e SPB 273 form for the class listed above, prior monthly evaluations, and any ng information. If you have any questions, please contact me at (telephone
(NAME) LEAP Coordin	ator
Attachments	
	SPB USE ONLY
EXTENSION	(date)
APPROVED:	(CDD Statewide EAD Coordinates)
	(SPB Statewide LEAP Coordinator) (date)

APPENDIX J Sample Memo to SPB Coordinator: 1. "Request for Appointment to Parallel Class" – Permanent 2. "Request for Appointment to Parallel Class" – Other Than Permanent

SAMPLE MEMO TO SPB COORDINATOR: "Request for Appointment to Parallel Class" - Permanent

State of California

MEMORANDUM

(date)

FILE: (SSA Number)

TO:

(SPB LEAP Coordinator)

FROM:

(Department Name)

SUBJECT:

Request for appointment under the Limited Examination and Appointment

Program (LEAP).

Please approve appointment for (<u>name of candidate</u>) to the class of [title (specialty), range]. He/She was hired (time base) on (date) as a LEAP Candidate (class title). He/She has successfully completed his/her Limited Examination and Appointment Program job examination period (completed form SPB 273 for each month attached) and should begin probation as a permanent state employee effective (date).

If you have any questions, please contact me at (telephone number).

(NAME) LEAP Coordinator

SAMPLE MEMO TO SPB COORDINATOR: "Request for Appointment to Parallel Class" - Other Than Permanent

State of California

MEMORANDUM

(date)

FILE: (SSA Number)

TO:

(SPB LEAP Coordinator)

FROM:

(Department Name)

SUBJECT:

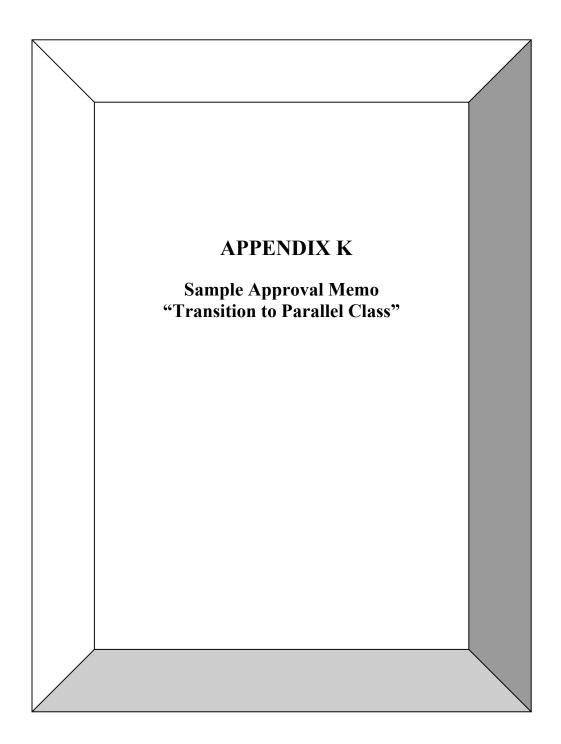
Request for appointment under the Limited Examination and Appointment

Program (LEAP).

Please approve appointment for (<u>name of candidate</u>) to the class of [<u>title (specialty), range</u>]. He/She was hired (time base) on (date) as a LEAP Candidate (class title). He/She has successfully completed his/her Limited Examination and Appointment Program job examination period (completed form SPB 273 for each month attached) and should begin an appointment as a temporary/limited-term employee effective (date).

If you have any questions, please contact me at (telephone number).

(NAME) LEAP Coordinator



MEMORANDUM

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FILE: (SSA Number)

TO:

(Department Name) (Mail Code)

(Name), LEAP Coordinator

FROM:

State Personnel Board

Personnel Resources & Innovations Division

SUBJECT:

Approval for Appointment under the Limited Examination and Appointment

Program (LEAP).

This memorandum is to approve the appointment of (<u>name of candidate</u>) to the State civil service class (class title).

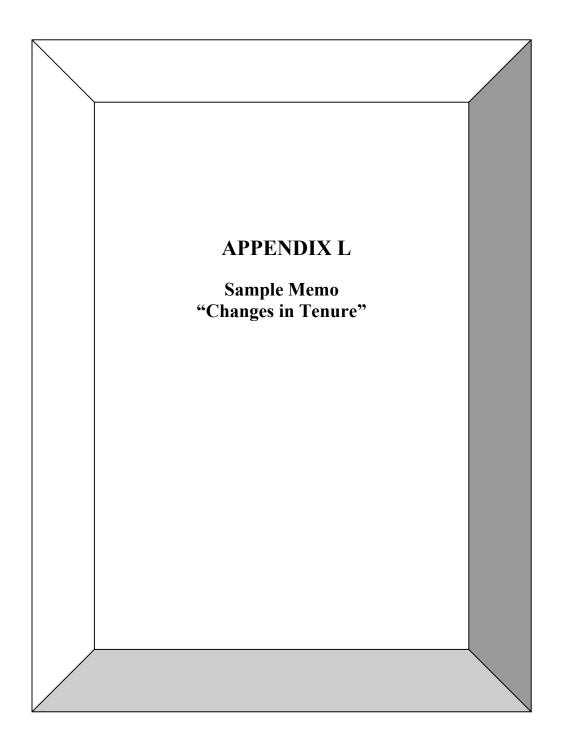
The candidate has successfully completed a LEAP Candidate examination, having demonstrated the skills and abilities necessary to perform the work of the class identified above during the job examination period. Attached is a copy of this memorandum which must be provided to the candidate as a "Notice of Exam Results" for his/her records.

This memorandum authorizes the hiring authority to appoint the candidate to the class identified above using an "A22" transaction under the provisions of Government Code Section 19243 and California Code of Regulations, Title 2, Division 1, Chapter 1, Section 547.57 (SPB).

This memorandum must be retained "On File for Audit" by the hiring authority.

APPROVED:		EFFECTIVE DATE:	
	(Statewide LEAP Coordinator)	•	
•			

cc: (candidate)



MEMORANDUM

(date)

FILE: (SSA Number)

TO:

State Personnel Board E9

Statewide SPB LEAP Coordinator

P.O. Box 944201

Sacramento, CA 94244-2010

FROM:

(Department)

SUBJECT:

Request for change in tenure under the Limited Examination and Appointment

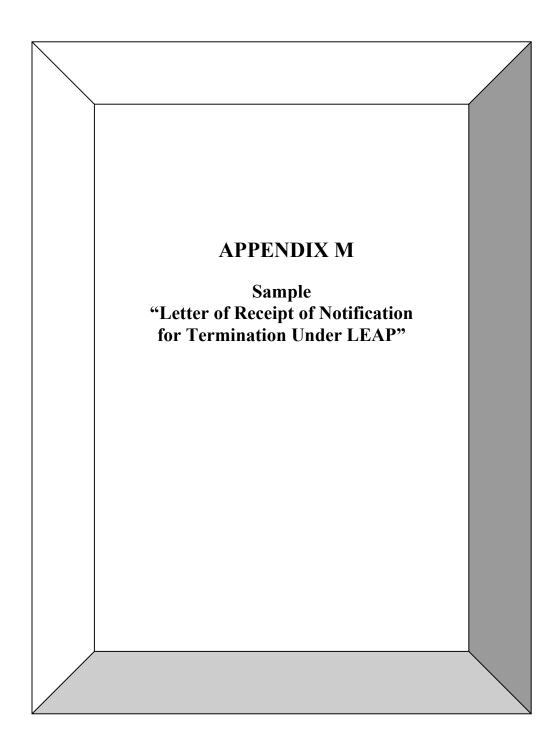
Program (LEAP).

Please approve change from (old tenure) to (new tenure) for (name) as of (effective date). He/She has successfully completed a LEAP Candidate examination and transitioned to the class of (class title) effective (date).

Since this individual has eligibility back to a LEAP referral list for the above class, we understand that we must use another "A22" transaction to make a change in tenure under LEAP.

If you have any questions, please contact me at (telephone number). Attached is a copy of the Approval Memo for the first appointment to the parallel class.

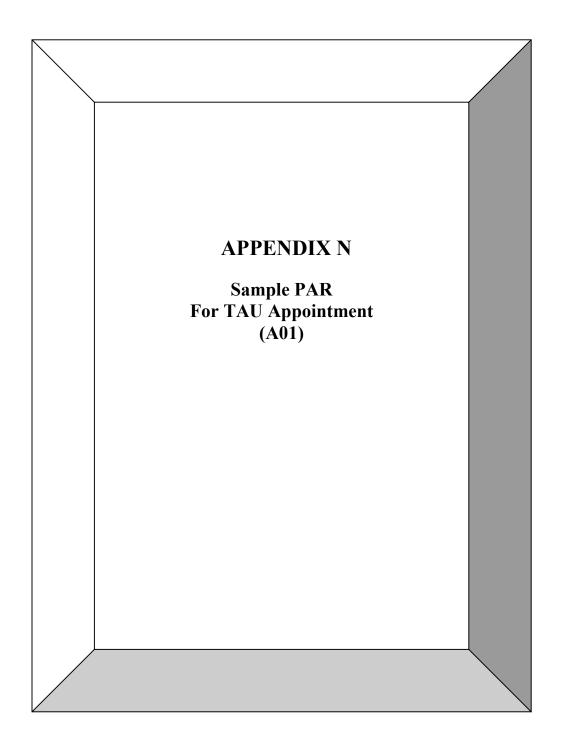
(NAME) LEAP Coordinator



SAMPLE MEMO - "Letter of Receipt of Notification for Termination Under LEAP"

State	of Califo	ornia	•
MEN	MOR/	ANDUM	
•			(date) FILE: (SSA Number)
TO:			
FROM	1:	STATE PERSONNEL BOARD Personnel Resources & Innovations Division	
SUBJ	ECT:	Letter of Receipt of Notification for Termination under and Appointment Program (LEAP).	the Limited Examination
A notic	ce has l	peen received for termination of	
from t	he class	s of LEAP Candidate	,
	RESIC	SNATION:	
	to suc	ding to the department, the above-mentioned LEAP caccessfully completing the job examination period underlied receipt of notification by the hiring authority to the control of the contro	ınder LEAP. This lette
	DISMI	SSAL:	·
	satisfa Code	ding to the department, the above-mentioned Linctorily demonstrated the level of knowledge, skill, and a cof Regulations, Title 2, Division 1, Chapter 1, Section 5 nation period.	ability required by California
	candic five (5 specify the rig Rules	etter acknowledges receipt of notification by the deplate. A written notice must be served on the candidate by working days prior to the effective date of the termy the reasons for the termination, the right to respond to the to appeal the action to the State Personnel Board up 60-74. [Government Code Section 19244(e), and Calif., Division 1, Chapter 1, Section 547.57 (SPB).]	by the department at least nination. The notice must the appointing power, and order the provisions of SPI
DECE	IVED R	Y DATE	

SPB Statewide LEAP Coordinator



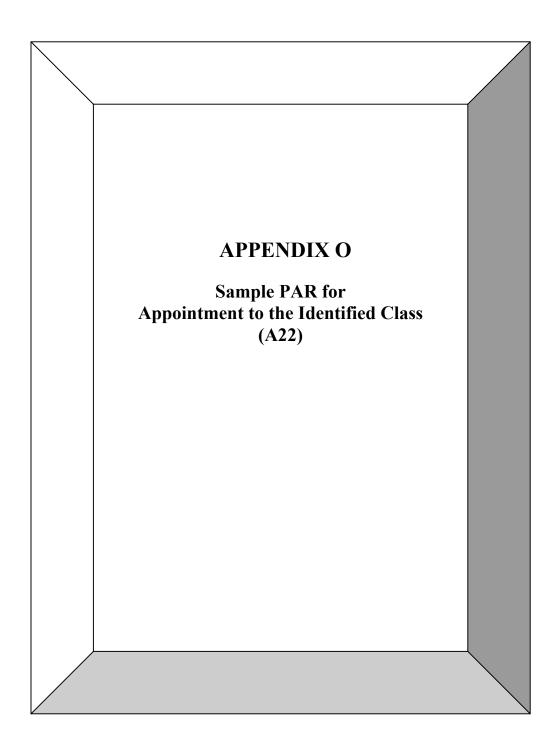
SAMPLE PAR FOR LEAP TAU APPOINTMENT (AD1)

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE

STD 680-A (REV. 8/2003)

PERSONNEL ACTION REQUEST

PAY LETTER EXPIRATION DATE **ACTD/IDL DATE** MANDDAYY FIXED MAINTENANCE FIRST / FINAL DED ANNIV. MONTHLY DED. DATE 占 CONCURRING APPOINTING POWER SIGNATURE(S) 655 DOCUMENT PROCESSING NUMBER HOURS SEQUENCE NUMBER KEYED BY INITIALS SEPARATION EXPIRATION OTHER **EXPIRATION DATE** ₽ MMVDD/YY COUNTY DATE APPROPRIATE REGUIRED/CONDITIONAL CHART IN ₽ 645 FOR ADDITIONAL INSTRUCTIONS 900 DATE 910 Ø 쭚 TYPE I LUMP SUM UNIT I SERIAL ლ⊆ Ω REEMPLOYMEN LIST CLASS 88 FOR THE APPOINTING POWER For Agencies in State Payroll System. The feorgating additions to clearloans from changes in the original payroll reside agency and true correct of the health payroll reside that the control and by payroll reside that the State Controller, and including the Within such original payroll reside in the sparyoid reside that the State Controller, or changes who will have all presents added to the payroid reside is modified by this payroid reside drained who will have all presents added to the payroid reside is modified by this payroid reside drained under Sections 22025 and 22021, inclusive, of the Government Code is a covernment Code has been taken and is on file in and in accordance with all the supervised. Attendance data stated herein is correct, complete and in accordance with all these and regulations. ջ 냺 635 H 88 LUMP SUM PAYMENT CODE ₽ 630 REMARKS CIRCLED ITEMS ARE REQUIRED ENTRIES. S 625 DAS I HOURS I HDTH 4687 CLASS ONARY PERIOD ENDING PERIOD LUMP SUM EXTRA HOURS PLEASE PRINT CLEARLY OR TYPE -- MAKE NO ENTRIES IN SHADED AREAS CONTACT PERSON I UNIT **AGENCY** NIVERSA) Date DASI HOURS I HDTH H PAGE LUMP SUM TO BE PAID THE PAM MANUAL. FIRST NAME AND MIDDLE INITIA HRS Sec 620 | > (S) 3 1687 NT PAY IMMED. þ 615 8 CLASS. ./----THRU ----/ REFER DASI HOURS I HDTH Σ TIME TO BE PAID (OLD) DATE /____THRU___ IDENTIFIED <u>88</u> 607 8 SUBSTANTIATION IN REMARKS OR SEE ATTACHED DASI HOURS I HDTH 1) _____ 2) _____ 3) ____ 710 MM TIME TO BE PAID (NEW) O U AS OF RATE 909 TOTAL STATE SERVICE APPT. TENURE 605 MMYY PAY PERIOD A 01 ENTER HOURS BACKUP INFORMATION ON FILE FOR AUDIT 2 306 TOTAL SALARY REASON FOR SEPARA-TION 818 2002 2005 2005 MOS. SIGNATURE 8 ö **10** To: Ö ë ö ë ö ë ö Ö ë ∞ 9 N S 4



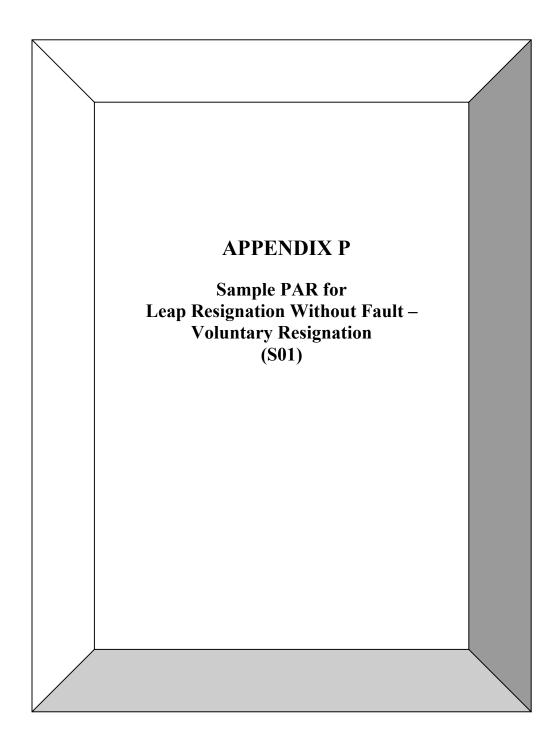
STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE

STD 680-A (REV. 8/2003)

TO IDENTIFIED CLASS (A12) SAMPLE PAR FOR APPOINTMENT

PERSONNEL ACTION REQUEST

JOB INCURRED INJURY
INJURY DATE PAY LETTER EXPIRATION DATE **ACTO/IDL DATE** FIXED MAINTENANCE FIRST / FINAL DED ANNIV. DATE CIRCLED ITEMS ARE REQUIRED ENTRIES. REFER TO PAM MONTHLY DED. FOR CONDITIONAL ENTRIES AND COMPLETION OF ITEMS. Р CONCURRING APPOINTING POWER SIGNATURE(S) 655 DOCUMENT PROCESSING NUMBER CODE HOURLY RATE HOURS SEQUENCE NUMBER CETAINED BY HIRING AGENCY, INTINIS SEPARATION EXPIRATION OTHER LIST ELIG **EXPIRATION DATE** ₽ MMVDD/YY MM/DD/YY
PROFESSIONAL LICENSE COUNTY S £9. 90 DATE 9 Ø TYPE I LUMP SUM UNIT I SERIAL ee 93 IST CLASS MANVALLY. MHC FOR THE APPOINTING POWER For Agencies in State Payroll System: The toregoing additions to, deletions from, or changes in the original payroll coster of the herein named state agency are true correct. and to accordance with law. As modified to the coordance with law. As modified to the coordance with law. As modified to the coordance with law. All persons added to the payroll roser changes it may the payroll roser changes are the controlled. The coordance will law this payroll to the coordance will law this payroll to the coordance will law the payroll to the coordance will law the payroll to the coordance will law the coordance with law that the coordance will law to the coordance with all laws and regulations. Sections 252823 and 22829, Inclusive, of the Covernment Code is hereby approved. Alterdance data stated herein is correct, complete min and in accordance with all laws and regulations. ENTRY WAS CODE 呈 語 635 CODE LUMP SUM PAYMENT CODE ₽ 83 ₽ HDTH MUST BE ENTERED CLASS LUMP SUM EXTRA HOURS 625 DAS I HOURS ON FILE PLEASE PRINT CLEARLY OR TYPE -- MAKE NO ENTRIES IN SHADED AREAS CONTACT PERSON ப の計画 AGENCY APPROVAL HOURS I HDTH TNT LUMP SUM TO BE PAID HYPE OF UST OF EXMT ST MONTHLY 215 EXPIRATION DATE OF PLUS SALARY HESS. DASI DATE EXEMPT AUTHORITY 620 <u>@</u> 3 Ų O MAED. 8 らてひてい Leten f RETIREMEN RATE (%) DASI HOURS I HOTH THRU_____ ¥ THRU TIME TO BE PAID (OLD) DATE THRU. CONVERT BASED ON SALARY Sope REMARKS Ì≽ 607 B DASI HOURS I HDTH SUBSTANTIATION IN REMARKS OR SEE ATTACHED 710 MM TIME TO BE PAID (NEW) ଳି ର୍ଗ ଚ AS OF 909 TOTAL STATE SERVICE APPT. TENURE MMYY PERIOD ALL HOURS BACKUP INFORMATION ON FILE FOR AUDIT 809 306 TOTAL SALARY REASON FOR SEPARA-TION MOS. SIGNATURE: 88 ö ë ö ö Ö TÖ ë ö ë ö ဖ ∞ တ S / S 4



STATE OF CALIFORNIA - STATE CONTROLLERS OFFICE PAR LEAP RESIGNATION WITHOUT FAUCT

VOLUNTARY RESIGNATION

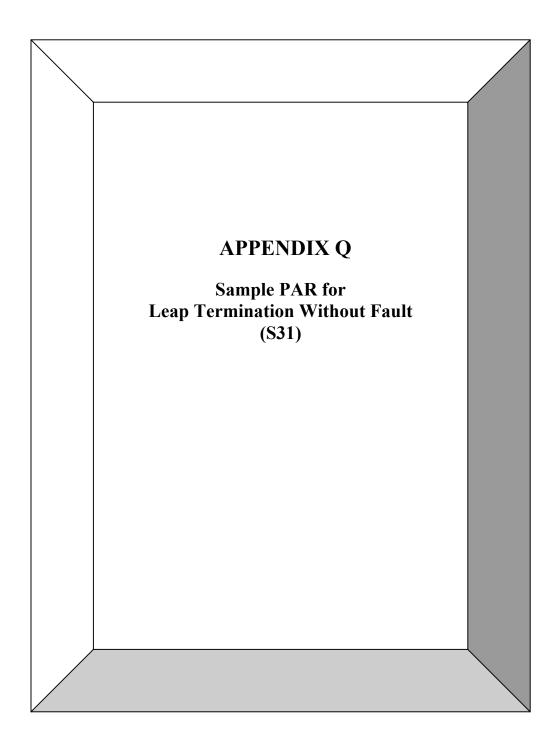
STD 680-A (REV. 8/2003)

PERSONNEL ACTION REQUEST

SEQUENCE NUMBER

PLEASE PRINT CLEARLY OR TYPE -- MAKE NO ENTRIES IN SHADED AREAS

INJURY INJURY DATE PAY LETTER EXPIRATION DATE **ACTIDAIDL DATE** MMDD/YY FIXED MAINTENANCE FIRST / FINAL DED AONTHLY DED. DATE CONCURRING APPOINTING POWER SIGNATURE(S) 655 CODE DOCUMENT PROCESSING NUMBER HOURS KEYED BY INITIALS SEPARATION EXPIRATION TYPE | EXPIRATION DATE MM/DD/YY REMARKS CIRCLED ITEMS ARE REQUIRED ENTRIES. REFER TO PAM ₽ 8 COMPLETION OF ITEMS. DATE 910 Ø Ø ₹¥ LUMP SUM UNIT I SERIAL 80 636 CODE I FORM FOR THE APPOINTING POWER for Agencies in State Payroll System: The foregoing additions to, detelions from, or changes in the original payroll rosts of the herein named state agency are true, corned, and in accordance with law. All persons added to the payroll rosts or handles and the state of the source and the source and the state of the source of t OEPT CODE 2 635 (501)LUMP SUM PAYMENT CODE ₽ I SERIAL 93 g 625 DAS I HOURS I HDTH LUMP SUM EXTRA HOURS MM/DD/YY MEDICAL CLEARANCE CONTACT PERSON TINO . AND MXX PROBA A30 NON-CITIZEN AGENCY VIVERS, Date entries DASI HOURS I HDTH TINT LUMP SUM TO BE PAID DDAY TYPE OF UST OR EXMT STAT 215 EXPIRATION DATE OF PLUS SALARY PHONE CONDITIONAL 620 ε (S) PAY IMMED. 615 8 RETIREMEN RATE (%) DASI HOURS I HDTH M ____THRU____ FIME TO BE PAID (OLD) DATE /----THRU_. THRU. SS/MED MEMBER 52 , | | 8 ---607 1)/-2)/-3)/-710 MM SUBSTANTIATION IN REMARKS OR SEE ATTACHED HDTH I HDTH TIME TO BE PAID (NEW) 606 DASI AS OF 10 APPT TENURE PAY PERIOD 605 MM/ **TOTAL STATE S** HOURS BACKUP INFORMATION ON FILE FOR AUDIT SOCIAL SECURITY REASON FOR SEPARA-TION MOS. SIGNATURE: 89 10 To: Ö ij ë ä ö ë ë ë Ø ë 9 ∞ **O** Ŋ 4



PAR FOR LEAP TERMINATION WITHOUT FAULT

SPAPLE STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE

STD 680-A (REV. 8/2003)

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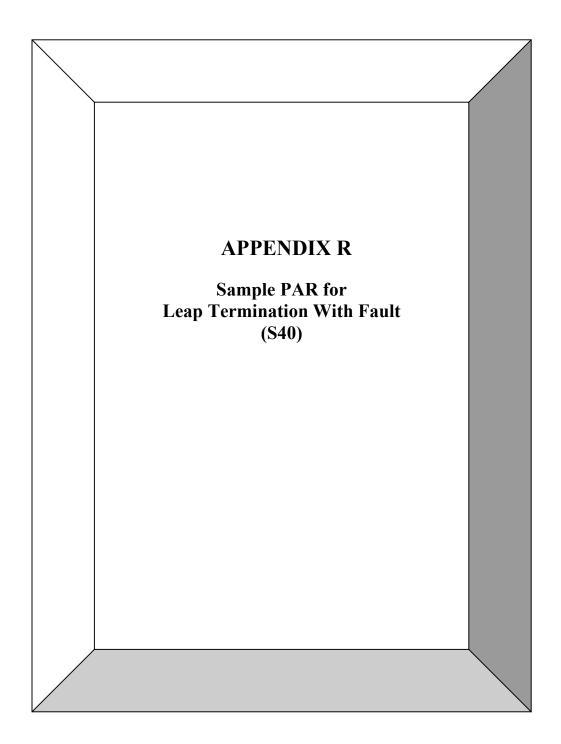
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PERSONNEL ACTION REQUEST

(155)

PAY LETTER EXPIRATION DATE NJURY INJURY DATE WCTD/IDL DATE **AIM/DD/YY** FIXED MAINTENANCE FIRST / FINAL DED ANNIV. DATE MONTHLY DED. P 655 BIRTH DATE CODE DOCUMENT PROCESSING NUMBER SEQUENCE NUMBER HOURS KEYED BY INITIALS OF ITEMS SEPARATION EXPIRATION OTHER POSITION REEMPLOY LIST ELIG **EXPIRATION DATE** 645 MWDDYYY COUNTY DATE P ₽ 900 DATE Ø REQUIRED ENTRIPS. REFER Ø COMPLE TION TYPE LUMP SUM UNIT I SERIAL **8**0 EMPLOYMEN LIST CLASS 636 CODE I FORM FOR THE APPOINTING POWER for Agencies in State Payroll System: The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. All possors action to accordance with law and in accordance with lateral positions. Any cash equited by Sections 3109-3109 of the Government Code is here been taken and to on file in an employed in agrid to the Management of the Convention of th DEPT CODE 8 635 LUMP SUM PAYMENT CODE ₽ SERIAL စ္တ ENTRIES AND 욛 625 DAS I HOURS I HDTH I CLASS LUMP SUM EXTRA HOURS PLEASE PRINT CLEARLY OR TYPE -- MAKE NO ENTRIES IN SHADED AREAS CONTACT PERSON I UNIT 430 NON-CITIZEN AGENCY anniversa Date HINT Profe Profe DASI HOURS I HDTH CONDITIONAL LUMP SUM TO BE PAID MODAYY TYPE OF UST OR EXMT STAT 215 EXPIRATION DATE OF PLUS SALARY HRS REMARKS CIRCLED ITEMS PHONE EXEMPT AUTHORITY 620 <u>(S)</u> 3 ≱ PAY IMMED. 615 8 RETIREMEN RATE (%) 708 ----THRU ----/ DASI HOURS I HDTH Σ TIME TO BE PAID (OLD) DATE THRU DAM 11 -----/---/ GODE 607 HOURS I HDTH SUBSTANTIATION IN REMARKS OR SEE ATTACHED 1)_____2)_____3)____710 MM TIME TO BE PAID (NEW) 606 DASI AS OF MM/DD/YY TOTAL STATE SERVIC APPT. TENURE PAY PERIOD 605 MMAY 53 HOURS BACKUP INFORMATION ON FILE FOR AUDIT REASON FOR SEPARA-TION MOS. SIGNATURE: 8 10 To: ë ë ä ö ΤÖ ë ë Ø Ö <u>'</u> 9 ∞



WITH FAULT DAR FOR LEAP TERMINATION

SAMPLE PAR. FOR STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

STD 680-A (REV. 8/2003)

PERSONNEL ACTION REQUEST

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SEQUENCE NUMBER

002

(s40)

PLEASE PRINT CLEARLY OR TYPE -- MAKE NO ENTRIES IN SHADED AREAS

PAY LETTER EXPIRATION DATE (ED INJURY INJURY DATE WCTD/IDL DATE **AIM/DD/YY** FIXED MAINTENANCE FIRST / FINAL DED ANNIV. DATE MONTHLY DED. 4 DATE REQUIRED ENTRIES. REFER AND COMPLETION CONCURRING APPOINTING POWER SIGNATURE(S) 655 DOCUMENT PROCESSING NUMBER CODE HOURS SEPARATION EXPIRATION OTHER POSITION **EXPIRATION DATE** 645 MM/DD/YY DATE COUNTY ₽ ENTRI @S 出に DATE Ø Ø TYPE ! LUMP SUM UNIT I SERIAL ღ₽ ₽ 1636 Z CODE I FORM FOBLEME APPOINTING POWER For Agencies in State Payroll System: The foregoing additions to, deletions from, or changes in the original payroll roster of the herain named state agency are true, correct, and in proceeding the with the proceding the with a standing of the sort of the above payroll roster change likes with less. All proposed is also accounted to the approach of the payroll roster of the approach of the approach as a state of the and approach as a state of the accordance with all as a payroll roster of the approach as a state of the approach as a state of the approach as a state of the approach. 2 DEPT 635 PAM FOR CONDITIONAL ITEMS. LUMP SUM PAYMENT CODE CIECLED ITEMS ARE RECEIPT OF NOTIFICATION ₽ SERIAL 630 2 625 DAS I HOURS I HDTH HIRING AGENCY CLASS L UNIT A30 NON-CITIZEN AGENCY NIVERSAR DATE DASI HOURS I HDTH -LUMP SUM TO BE PAID MYE OF UST OR EXMT STAT EXPIRATION DATE OF PLUS SALARY HS **10** PHONE 620 <u>(S</u> S 5 ≿ RETAINED MMED. G LETTER. RETIREMEN RATE (%) THRU DASI HOURS I HDTH × TIME TO BE PAID (OLD) /-___THRU___ DATE CODE REMARKS 607 8 HOURS I HOTH SUBSTANTIATION IN REMARKS OR SEE ATTACHED TIME TO BE PAID (NEW) 606 DASI AS OF MM/DD/YY 340 APPT. TENURE TOTAL STATE SERVI PAY PERIOD 605 MM/YY HOURS ON FILE FOR AUDIT BACKUP INFORMATI REASON FOR SEPARA-TION CCOUN MOS. SIGNATURE: 603 : 0 1 <u> 10</u>: ij TO ö ë ö ģ ë Ø Ö 9 <u>_</u> ∞ တ 4 Ŋ S က